



Health and Care and Housing Needs Assessment

This document was compiled by
Argyll and Bute Public Health
Information and Argyll and Bute
Housing Colleagues
Report date: 03/07/2018

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1. Introduction and actions

This document was prepared to assess the needs for specialist housing provision in Argyll and Bute. This document was prepared jointly by Public Health Information staff in Argyll and Bute Health and Social Care Partnership and colleagues from Argyll and Bute Council Housing Services. The document was guided by a partnership short-life working group including representatives from Registered Social landlords (RSLs). Evidence for needs for specialist housing is summarised in chapter 3, with the key points from each chapter repeated in chapter 4. In addition, recommendations provided in selected recent publications are provided in appendix V.

We highlight:

- Increasing demand for 1/2 bed room properties with over 75+ population increasing by nearly 3000 people over the next 10 years and potential additional demand if Council targets are achieved for increasing the younger population.
- Increasing demand for aids and adaptations both in RSL and private housing, with resource pressure and waiting list evidenced from an average annual spend of £1.3m and over 120 people waiting for adaptations to RSL homes at the end of the 2016/17 third quarter.
- Changing care home use means that new care home placements are for people with greater dependency and there are higher turnover rates
- More people are managing long term conditions living in their own homes with increasingly complex health and social care needs; the need for aids, adaptations and support at home is likely to increase.
- Challenges to the provision of Home Care (particularly in some local areas) leading to delayed discharges in hospital
- Falling demand for sheltered/warden housing, with empty properties/voids in some areas
- A need for closer working between services at a local level to identify individuals and families in need of specialist housing provision and match them to current and future housing

We propose a clear vision for housing and health and social care in Argyll and Bute.

“People in Argyll and Bute with health and social care needs have access to housing options that maximise their health, wellbeing and independence”

In order to achieve this, people need to be enabled, through their contacts with services and provision of information, to live at home, or in a homely setting, as independently as possible, and to be well-connected to their communities. Specific actions, designed to be ‘SMART’, were developed alongside consultation with a special meeting of Argyll and Bute Strategic Housing Forum (Appendix X). These are presented under five key aims. A summary document to compliment this report has also been produced.

| Action | Output | Responsible person(s)/ organisation(s) | Timescale |
|---|--|--|--------------------|
| Key Aim 1. There is appropriate and sufficient housing available in each local area to meet the needs of people living there. | | | |
| 1.1a | <p><i>Appoint Housing OT post</i> The housing Occupational Therapist will support cross-sector planning for the delivery of appropriate Specialist Provision, including wheelchair accessible housing as required in local areas.</p> | Caroline Baisley/ ABC/HSCP | December 2018 |
| 1.1b | <p><i>Awareness raising seminar for housing sector on health topic(s)</i> The housing OT will coordinate at least one awareness-raising seminar for the housing sector by March 2019 (to include the implications of dementia for housing requirements).</p> | Housing OT/ HSCP/Housing | March 2019 |
| 1.2 | <p><i>Care Home bed Modelling to inform SHIP</i> Care Home bed modelling for local areas will be completed, incorporating 2016 local area population projections. The results will inform requirements for inclusion in SHIP (site, units, model of provision) and any other housing-related measures. The narrative for the drivers and potential impacts will be detailed by August 2018 and the modelling work will be completed later in the year and will inform proposals to feature in next SHIP and can be delivered by 2021.</p> | Linda Currie/ HSCP/RSLs | August 2018 |
| 1.3 | <p><i>Monitor HEEPSABS programme by household characteristics</i> Council Housing Services will implement a monitoring framework for Energy Efficiency measures by household characteristics (age etc). This will allow assessment of the impact of these measures specifically on those with health issues/equality groups. Reporting will be taken to the strategic housing forum.</p> | ABC – Housing Services | Quarterly & annual |

| Action | Output | Responsible person(s)/ organisation(s) | Timescale |
|--|--|--|----------------|
| Key Aim 2. People are aware of the availability of different housing options to enable them to make appropriate choices and are supported to do this if necessary due to learning disability or physical and mental health conditions. | | | |
| 2.1a | <i>Information & Advice audit</i> Argyll and Bute Council Housing will engage professional support (e.g. Glasgow Centre for Inclusive Living) to carry out audit of information & advice materials by April 2019; | ABC – Housing Services | April 2019 |
| 2.1b | <i>Update Information and Advice</i> Update provision/services for targeted client groups by March 2020. | ABC – Housing Services | March 2020 |
| Key Aim 3. Health and Social Care, Housing Association and Argyll and Bute Council housing officers are able to work effectively together to promote early housing options appraisal and early intervention and adaptations as required. | | | |
| 3.1a | <i>Mapping of engagement structures</i> Council Housing Services to produce a formal framework for cross-sector engagement including the strategic housing forum, RSLs, ABC Housing services and HSCP structures including Locality Planning groups. This will include named contacts including RSL contacts for each locality. | ABC – Housing Services | September 2018 |
| 3.1b | Review mapping annually. | ABC – Housing Services | September |
| 3.2 | <i>Housing reports to Locality Planning Groups</i> Council Housing Service to provide SHIP update & housing report to Locality Planning Groups on quarterly basis. | ABC – Housing Services | Quarterly |

| Action | Output | Responsible person(s)/ organisation(s) | Timescale |
|---|---|---|-------------------|
| Key Aim 4. Waiting lists for, and allocation of, RSL properties (and in particular specialist provision) are managed as efficiently and effectively as possible to maximise availability of existing properties | | | |
| 4.1 | <p><i>Monitoring Framework for RSL adaptations</i> A framework for monitoring RSL adaptations will be established with quarterly progress and annual reports being produced for the Strategic Housing Forum each May. This will include a summary of Stage 3 funding allocations by landlord, actual spend, over (or under) spend at year end, and estimate of outstanding works/backlog.</p> | ABC/RSLs | Quarterly reports |
| 4.2. | <p><i>Seminars on RSL processes for HSCP</i> A programme of awareness seminars will be implemented for HSCP, covering waiting list, allocation and other relevant RSL policies and procedures. These could follow strategic housing forum meetings or could rotate around local areas.</p> | HOMEArgyll | Quarterly |
| 4.3. | <p><i>Working group for Housing Risk Assessment established</i> The working group will review the assessment of housing risk for people in contact with health and social care services (with community teams, GPs and Health Visitors). This may include a review of universal assessments to ensure housing risk is included and look at how those providing assessments could signpost people to relevant housing services.</p> | Caroline Baisley/Bill Halliday HSCP/ABC Housing Services | May 2019 |

| Action | Output | Responsible person(s)/ organisation(s) | Timescale |
|--|--|--|--|
| Key Aim 5. Planning for services is based on robust data and information | | | |
| 5.1 | <p><i>Improve comprehensiveness and consistency of OT caseload data</i> Review protocols for data capture to enable reporting of OT caseload data that includes a breakdown by type of service provision, household type and long-term conditions, by local area.</p> | OTs | April 2019 |
| 5.2 | <p><i>Continue to work in collaboration to development strategic documents</i> Argyll and Bute Council Housing and Argyll and Bute HSCP Public Health will continue to work in collaboration to further understand housing needs, particularly recognising a current gap for those with Mental Illness, people with autism and for those who experience homelessness. The Housing contribution statement, HSCP Joint Strategic Needs Assessment and the Housing Needs and Demands Assessment are all examples where collaborative working will be beneficial.</p> | Allan Brandie/Sarah Griffin | Report back to Strategic Housing Forum: May 2019 |

2. Abbreviations

| | |
|----------|---|
| AHP | Allied Health Professional |
| AHSP | Scottish Government’s Affordable Housing Supply Programme |
| Abritas | Name of housing management IT system |
| CHR | Common Housing Register |
| C&R | Care and Repair. Argyll and Bute care and Repair are a third sector organisation funded jointly by the Council and the HSCP and have charitable status |
| GCIL | Glasgow Centre for Inclusive Living |
| GN | General Needs |
| HfVNS | Housing for Varying Needs Standards |
| HIF | Scottish Government’s Housing Infrastructure Fund |
| HMA | Housing Market Area |
| HMT | Housing Management Team |
| HNDA | Housing Needs and Demands Assessment |
| HSCP | Health and Social Care Partnership |
| ICD10 | Internal Classification of Disease 10 |
| LHS | Local Housing Strategy |
| LTSD | Long Term Sick or Disabled |
| MOD | Ministry of Defence |
| OT | Occupational Therapy |
| PSHG | The private Sector Housing Grant (PSHG) - administered by the Council in partnership with IT, third sector, Argyll and Bute Care and Repair. |
| RSL | Registered Social Landlord |
| SHIP | Strategic Housing Investment Plan |
| Stage 3 | “Stage 3” refers to the Scottish Government’s ranking of their grant funded adaptations for RSLs, depending on the stage of the property: Stages 1 & 2 refer to new builds, with adaptations either incorporated in design stage or installed in the development stage; whereas “Stage 3” refers to adaptations made to existing properties ie retrofitting or upgrading stock. |
| SP or SN | Specialist provision or Special Needs |

3. A summary of the evidence for improvements

A summary of the evidence for improvements is provided under each of the 5 key aims.

1. There is appropriate and sufficient housing available in each local area to meet the needs of people living there.

Despite decreases in population size in many parts of Argyll and Bute, the number of households is projected to increase, partly due to a trend towards smaller households. The increasing numbers of people aged 75-84 and 85+, in all areas, also generates need for smaller properties with lower occupancy. Compared to Scotland as a whole, the housing stock in Argyll and Bute is generally older, there are high levels of fuel poverty and high numbers of second homes. The largest (and increasing) demand for health and social care services is from the older population. However, there is need from younger people and these cases may result in particularly long delays in hospital or in expensive care packages outside of Argyll and Bute. Adults under 65 are increasingly living with long term conditions and there is evidence for need for adapted and accessible housing from this age group. There is evidence for a general need to provide more affordable housing and particularly smaller (1 or 2 bedroom units), that are flexible for changing needs and easy to access or adaptable and that are inexpensive to heat and that are well connected to (or within) existing communities and jobs.

The pressure for more housing is not felt in all areas and there is low pressure on housing in Bute and Kintyre with voids in some RSL housing in these areas. Demand for housing is higher in Oban and Lorn and Mull and Iona. The Government's target to build new affordable housing in all parts of Scotland is not necessarily appropriate in some areas of Argyll and Bute, notably Bute and Kintyre, where there is existing housing which could be modified and adapted to meet changing needs. The higher proportion of older housing stock in Argyll and Bute, combined with higher fuel prices and low incomes, accounts for higher rates of fuel poverty in Argyll and Bute.

It is expected that the population of Helensburgh and Lomond will increase due to increase of military personal at the Faslane military base and the policy of accommodating families within local communities. A separate piece of work is currently underway to research housing needs within this locality but it is likely that there will be an increase in need for housing overall in this area.

In terms of specialist housing, overall pressure ratios for RSL properties are highest in Oban and Lorn and in Helensburgh and Lomond. Wheelchair accessible housing has the highest pressure ratios with low availability of properties throughout Argyll and Bute. Overall demand, in term of numbers of

people, is low for these properties and it is difficult to project exactly where and when properties will be needed. It is important that properties that become available, including new build properties, are allocated effectively.

There is evidence for high levels of placements in care homes outside the locality area within Bute and Mid Argyll. Despite the strategic direction to look after people in their own homes, this suggests need to consider whether there is sufficient provision of care home places in these areas, particularly nursing care provision. Care home provision should be targeted towards those with the highest care needs, which cannot be met within their own homes. Mid Argyll, in recent years, has had the highest rate of new placements outside of the local area. With concern over the medium term suitability of the Ardfenaig and Eadar Glynn buildings, this suggests need to consider the provision of Care Home and supported accommodation in these areas. The pressure ratios for RSL supported accommodation in Helensburgh and Lomond is notably higher than in other areas suggesting need in this area. There is higher turnover of this type of accommodation than other types.

There is a higher pressure ratio for adapted and accessible housing, which comes available less frequently, than supported housing. In addition, this type of housing is not necessarily designated as adapted if it is general housing with stage 3 adaptations, or if privately owned. RSLs and private owners carry out large number of adaptations and RSL annual budgets for adaptations are spent within the first 3 quarters of the year, leading to people waiting for adaptations. Adaptions are cost effective. HSCP plans must therefore link with and reflect housing plans and strategies in highlighting specific commitments to improve the quality of mainstream housing, including repairs and adaptations.

2. People are aware of the availability of different housing options to enable them to make appropriate choices, and are supported to do this if necessary due to learning disability or physical and mental health conditions.

People living in all sectors need to be able to plan so that they access the best housing available to them, now and in the future. To do this, information needs to be available to the general public to support them to make appropriate housing choices and access adaptations as needed. People who require additional support e.g. those with learning disability, dementia or other physical and mental health conditions need to receive early support to access appropriate housing interventions.

Given the rural nature of Argyll and Bute, it is likely that there have to be centres of care that people will need to travel to. This may be preferable to having to travel, or live, outside of the local area that people are normally resident e.g. people may need to access nursing Care Home provision in Lochgilphead, if this was available, rather than living outside Mid Argyll. Communication and

engagement around availability of housing options is important to allow people to plan and prepare as their need for support increases.

3. Health and Social Care, Housing Association and Argyll and Bute Council Housing officers are able to work effectively together to promote early housing options appraisal and early intervention and adaptations as required.

The Housing Options approach employed by the Council to manage applications for Housing should ensure that there is effective and efficient access to good information and advice about how adaptations and repairs can help; how to access assessments and funding; and how to find reputable tradespeople and suppliers. Health and Social Care staff can assist in access to this by ensuring that people whom they have contacts with are engaged in the housing options approach. For this to work effectively, close links need to exist, on the ground, in each locality area, between health and social care, Council housing and Housing association staff.

4. Waiting lists for and allocation of RSL properties (and in particular specialist provision) are managed as efficiently and effectively as possible to maximise availability of existing properties.

There is evidence that the choices recorded on the HOMEArgyll waiting list do not necessarily represent the actual need people have for different housing. This suggests that improvement could be made in the waiting list and allocation process. In addition, there are recommendations for improvement in allocation processes in recent national reports.

5. Planning for services is based on robust data and information

Through the process of compiling this document, it was apparent that there were gaps in the availability of some data. We recommend that improvements are made to availability, quality and sharing of information to inform the planning process, and in line with 'robust and credible' principles.

We also recognise the need for further work around health and housing need for those with mental illness, people with autism and for those who experience homelessness.

The islands have to operate differently, out of necessity. Relatively low levels of delayed discharges within island populations and relatively low use of residential Care Homes suggest that there are aspects of the model of care in island communities could benefit other local areas. This may include:

- Small teams in which people know each other and patients/clients well
- Flexible roles undertaken by individual members of staff
- Absence of large amounts of Care Home provision e.g. on Bute
- Presence of other types of accommodation e.g. progressive care unit on Mull

Further understanding of the model of care on the islands may help to improve provision of services in other areas

4. Key points from each report chapter

The summary of evidence from each subsequent section of this report are repeated here for ease of access.

Housing and Health

- Housing has a large impact on health across the lifecourse.
- Housing can reduce inequalities in health and should be affordable to buy or rent, warm, dry and affordable to heat.
- Housing is more than a home and connects people with their communities and employment opportunities

Housing for Varying Needs Standards (HfVNS) and Scottish Government Definitions of Special Needs Housing

- New housing should meet Housing for Varying Needs Standards. These standards aim to enable a property to be adaptable to suit different and changing needs.
- There are different levels of HfVNS with increasing accessibility for wheelchair users.
- Housing with support aims to meet needs of those requiring integral support.
- Although the HfVN standards provide minimum specifications for housing, pre-allocation of specialist housing provision is recommended to allow people to be part of the design process to meet their individual needs.
- The Scottish Government has definitions of different types of Specialist housing.

Local Strategic and Policy Context

- The Local Housing Strategy aims for there to be housing available to support the community planning aims of population growth for Argyll and Bute
- The HSCP aims to enable people to self-manage long-term conditions, avoid emergency admission to hospital, live in their own homes and support carers.
- A key outcome of the Local Housing Strategy is that people are enabled to live independently in their own homes.
- The 5-year Strategic Housing Investment Plan aims to see 550 new affordable homes built in Argyll and Bute of which 80% are for social rental and 10% and specialist provision.
- Four types of Specialist Housing Provision are considered in this document; Accessible and adapted housing, Wheelchair housing, Supported provision and Care/support services for independent living
- People in Argyll and Bute are entitled to the Housing Options Approach
- HOMEArgyll is a partnership of Argyll and Bute Council and the four largest RSLs and operates a common waiting list and a shared allocations policy.

Overview of Housing in Argyll and Bute

- Argyll and Bute has a high proportion of second homes and of vacant dwellings.
- Bute and Kintyre have the highest proportion of vacant dwellings.

- The number of dwellings in Argyll and Bute has increased despite population decreases, and the average household size has reduced over time.
- Argyll and Bute has a higher proportion of houses built prior to 1945 than Scotland as a whole and has a higher proportion of larger properties
- Fuel poverty levels are high in Argyll and Bute, particularly in areas outside of Helensburgh and Lomond.

Population size

- Argyll and Bute has a higher proportion of older people than Scotland as a whole with 10.7% of the population aged 75 and over.
- Bute, Cowal and Kintyre have the highest proportions of people aged 75+
- 42% of the population of Argyll and Bute live in Remote Rural areas. However, in Islay and Jura, Mull, Iona, Coll, Tiree and Colonsay and Mid-Argyll, 100% of the population live in Remote Rural areas
- Helensburgh is the only urban area in Argyll and Bute. Dunoon, Rothesay, Campbeltown and Oban are classified as Small Towns.
- Younger adults (under 45) and children, and those aged 85+ are more likely to live in towns or urban areas than older adults.

Population projections

- The principle projections presented are based on current trends and do not take into account policy changes that might lead to different future population sizes.
- Overall, the population of Argyll and Bute is projected to decline between 2017 and 2022 and 2027 (5 and 10 year projections).
- The population of those aged 75+ is projected to increase from 2017 levels by 3500 people (11 %) by 2022 and by 7200 people (22 %) by 2027.
- The number of people aged 65-74 is projected to change by no more than 2% over the next 10 years.
- The population aged 45-64 is projected to decrease by 3600 people (14%) over the next 10 years.
- Local area projections are more likely to be unreliable due to small populations and because they are based on older trend data. However, broad conclusions may be drawn.
- All local areas are projected to have an increase in the number of people aged 75+
- Oban, Lorn and the Inner Isles and Mull, Iona, Coll and Tiree are the only local areas projected to have an overall increase in population. Decreases in the number of people aged under 65 are projected to be lower in these areas.

Deprivation

- Helensburgh and Lomond is the only area in Argyll and Bute with areas in the least deprived in Scotland
- Areas within the 20% most deprived in Scotland, or in Argyll and Bute, are in the towns in Argyll and Bute. Deprivation in rural areas is less likely to be highlighted within SIMD as these areas are more socioeconomically mixed (or heterogeneous).
- Bute, Cowal and Kintyre have high proportions of people within the most deprived 40% in Argyll and Bute.

Overview of the Health of the population of Argyll and Bute

- Overall, indicators of health and wellbeing are generally better for Argyll and Bute than Scotland as a whole, consistent with a lower proportion of areas in Argyll and Bute within the most deprived in Scotland
- Inequalities in Health exist in Argyll and Bute; Males and those living in deprived areas have lower average life expectancy than females and those in less deprived areas.
- Older people are more likely to have long-term health conditions which limit their life to some degree.
- There are more people with a long term health condition under 65 than aged 65 and over.
- There are likely to be increases in the number of people living with disabilities in Argyll and Bute, over the next 10 years, as the number of older people increases. In total, this could be an additional 1500 people with one or more condition.
- Deafness and partial hearing loss, Blindness and partial sight loss, and Physical disabilities (as well as other disabilities) are most likely to increase. There could be an additional 800 people living with a physical disability, but an increase of 1000 people in the 75+ age band.
- There is likely to be an additional 240 people aged 75+ with a mental health condition. The most common condition in this group is likely to be dementia.

Children

- 450 children are eligible for DLA in Argyll and Bute.
- Learning Difficulties and ADHD are the most common reasons for claiming DLA in children.
- Around 60 children claim DLA at the higher mobility component.
- There is likely to be continued demand from new families requiring support despite the overall projected decrease in the number of children. It is difficult to project where these people will be within Argyll and Bute.
- The number of children may increase in some local areas (Oban, Kintyre and possibly in Helensburgh).
- Families with disabled children requiring housing adaptations may have different requirements to (particularly older) adults, requiring larger housing and adaptations specific to their conditions.

Adults with Learning Disabilities

- There are 370 adults with Learning Disability in Argyll and Bute.
- Adults with Learning Disabilities are more likely to require specialist accommodation. (29% live in supported accommodation and 10% in adult care homes.)
- The majority of adults with learning disabilities are under 65 and numbers are not likely to increase over the next 10 years.
- Children transitioning to adulthood or adults moving out of family homes are likely to represent new need for housing. It is difficult to predict exactly where and when specialist housing will be required as this transition may occur at different points for different individuals. However, current need should be known.

Adults aged 16-64

- The number of adults 16-64 claiming disability benefits (around 3500) is high compared to the number living in supported accommodation or receiving Home Care.
- Adults aged 16-64 are most likely to claim disability benefits for Learning Disabilities and for mental health conditions e.g. Psychosis and Mixed anxiety and depressive disorders.
- Physical conditions e.g. arthritis, Chronic pain syndromes, COPD, Multiple sclerosis and back pain are also common reasons for claiming disability benefits.
- 880 people were eligible for the highest mobility component of DLA and 630 were receiving the highest mobility component of PIP.
- Overall the number of people aged 16-64 claiming disability benefits is likely to decrease.

Adults aged 65+

- 4700 people aged 65+ are estimated to claim a disability benefit.
- Arthritis is the most common reason for claiming DLA or AA: 1300 people in total
- Dementia is the second most common reason for claiming AA (380 people).
- Mental health conditions (excluding dementia) are less likely to be the main reason for claiming disability benefits in those 65+ compared to those aged 16-64; Physical health account for a higher proportion of claims in those 65+.
- 1010 people eligible for DLA are eligible for the higher mobility component.
- The majority of people claiming Attendance Allowance (85%) are 75+ and half (49%) are aged 80-89.
- The number of people claiming disability benefits aged 65+ is likely to increase in the next 10 years.

Dementia

- There are estimated to be almost 1500 people in Argyll and Bute with dementia, with 650 with severe or moderate dementia, but only 800 are on a GP register with dementia.
- It is projected that the number of people with dementia will increase by 550 people with around 200 additional people having severe or moderate dementia.
- Those with severe dementia (estimated to be 180 people) are most likely to be in residential care (in a care home).
- Housing adaptations can support people to live in their own homes with dementia, especially if carried out early (before the dementia is moderate or severe).

Other conditions

- Small numbers of people (<5) in each locality are likely to need RSL wheelchair accessible housing due to MS in the foreseeable future.
- People with severe autism and acquired brain injury have specific care and housing requirements. There are people with these diagnoses currently housed and cared for outside of Argyll and Bute due to lack of suitable provision in Argyll and Bute.
- Older people in remote rural areas may be vulnerable to loneliness and isolation. Appropriate housing includes housing that enables people to interact with others in their community.
- People with mental health conditions may require specialist housing and support and this is likely to be a cause of need for specialist housing in younger adults. Numbers requiring

support are likely to be relatively low and it is difficult to predict where and when need may exist.

Accessible and Adapted Housing

- Adaptations are cost effective in terms of reductions in falls and compared to residential care.
- Early planning for and installation of adaptations may support people to live in their own homes more successfully.
- An average of 410 homes are adapted annually in Argyll and Bute, 260 in the RSL sector and 150 in private owned properties.
- RSL adaptations are funded by Scottish Government and adaptations in the private sector are funded, at least partly, by the Private Sector Housing Grant, administered by Argyll and Bute Council.
- £848,448 was spent from the PSHG on adaptations in 2016/17 and an estimated £525,000 by the Scottish Government on RSL adaptations
- There is some evidence for increases in OT caseloads but data from MiDIS should be interpreted with caution due to a lack of information on the completeness of the data available.
- There is evidence for a shortfall in the budget for adaptations in the RSL sector with waiting lists for adaptations and annual budgets already committed by the third quarter of the financial year. Over 120 households are on a waiting list for adaptations as of quarter 3 2017/18.
- National survey data suggests that there may be around 800 properties needing adaptations. This may be an underestimate. Previous work noted in the 2016 HNDA has suggested a higher unmet need for housing adaptations.

Wheelchair accessible housing

- Around 350 wheelchairs are issued each year to people living in Argyll and Bute.
- The majority of wheelchairs issued are manual chairs.
- Over 1300 people in Argyll and Bute have wheelchairs on issue.
- 55% of people with wheelchairs are aged 75+
- Up to 280 people a year may be new wheelchair users.
- There could be 240 additional people needing wheelchairs in Argyll and Bute by 2027.
- The most common reason for a wheelchair is cerebrovascular disease (stroke) but the main reasons for wheelchair use vary by age with Cerebral Palsy being the most common reason in people under 25.

Supported Provision

- 520 people aged 65+ from Argyll and Bute receive funding for care home places.
- The proportion of those 75+ in Care Homes varies by local area with the highest rate on Cowal.
- The lowest rates of care home residents are in the island localities of Mull, Iona, Coll, Tiree and Colonsay and on Islay and Jura.
- As the strategic direction is to care for people at home, it would be expected that people in care homes require the most complex care. Helensburgh has a high proportion of placements in nursing care. Cowal and Bute both have a high proportion of placements in residential care.
- Variation in Care Home use between areas suggest that, in some areas, use of alternative care arrangements could reduce Care Home placements.
- Mid Argyll and Bute have a high proportion of care home placements outside of their local area. This may suggest insufficient care home capacity in these local areas.
- If the current rate of care home residents is the same in 10 years times, it is projected that an additional 180 people will be in Care Homes. However, if more people can be looked after at home, this increase may be lower than projected.
- Ardfenaig and Eadir Glinn Care Homes are being considered for re-provision of services.
- Small numbers of younger people may require residential accommodation for mental health reasons or for severe autism.
- Due to small numbers, it is difficult to project need for younger people

Home Care

- 1100 people aged 65+ received Home Care in Argyll and Bute.
- This could increase to 1500 people in ten years, if in line with population projections.
- This increase in Home Care provision could be higher if the trend towards looking after people at home continues.
- Relatively high rates of Care Home compared to Home care use on Cowal suggests that there could be increased use of Home Care in this area.

Delayed Discharges

- 43% of people delayed in hospital from Argyll and Bute are delayed due to 'Social Support at Home'.
- 78% of delays are from people aged 75+
- 'Care Home' is a source of 18% of delays and occurs in all areas.
- The number of delays, per population 16+, is highest in Oban, Lorn and the Inner Isles and in Kintyre, Cowal and Mid-Argyll.
- The data suggest difficulties with Home Care capacity or arrangements in these areas, possibly due in part to the rural nature of these areas.

Current Specialist RSL provision

- The amount of RSL stock in each locality varies from 32% of occupied dwellings on Bute, 29% in Kintyre and 27% on Islay, Jura and Colonsay to 13% of occupied dwelling in Helensburgh and Lomond and 15% on Mull, Iona, Coll and Tiree.

- Bute and Kintyre have been shown to exhibit low demand for some RSL housing and have a proportion of long-term voids in the RSL stock.
- The amount of specialist provision also varies by area and by type of specialist provision, but is highest than 10% of RSL stock in all areas.
- Within local areas, there may be communities with no specialist provision with gaps noted in Tighnabruaich (SouthWest Cowal) and in Ardfern. GIS mapping could help understand the distribution of specialist provision.
- The areas with the lowest provision (by % occupied dwellings) of adapted and accessible housing are Islay and Jura and Oban and Lorn. There may be undercounting of adapted housing as houses that are adapted may be considered general stock.
- Kintyre and Helensburgh and Lomond have the lowest provision of supported provision. The closure of Auchinlee and provision of accommodation at Lorne Campbell court may change this position in Kintyre.
- Provision of wheelchair accessible housing forms the smallest proportion of specialist housing in all areas.
- The percentage of stock let can reflect demand as well as availability.
- Supported provision has a higher turnover (i.e. a higher % of stock let) than other specialist housing.

Waiting Lists for Specialist RSL Provision

- There are two waiting lists for specialist RSL housing in Argyll and Bute – HOMEArgyll and Bield. It is assumed that people are generally not on both waiting lists.
- 73% of those on the HOMEArgyll waiting list who wouldn't accept general provision were aged 60 or older. At least 60% selected some form of housing option designed for older people. 69% of those waiting for specialist provision from Bield requested retirement houses.
- The type of housing requested may partly reflect known housing options within a local area e.g. for support housing on Mull.
- Pressure ratios (the number cases on the waiting list for each property that because available to let in a year) can indicate the demand for each type of specialist provision in each area.
- A pressure ratio greater than one indicates that there are more people on the waiting list than lets available in a year. A pressure ratio of less than one indicates that there are less people on the waiting list than lets available in a year.
- Pressure ratios were calculated for each HSCP planning area. Note that this will not indicate need within smaller areas within each locality.
- Overall, the pressure ratios for specialist provision were highest in Oban and Lorn and Helensburgh and Lomond and lowest in Bute, and Kintyre and Islay and Jura.
- Pressure on lets of sheltered housing is estimated to be most acute in Helensburgh and Lomond with 77 people requesting this provision and a stock of 28. There is also evidence for high pressure in Oban and Lorn. Bute and Islay and Jura are the localities with the lowest pressure for this type of housing.
- Pressure on lets of Accessible and Adapted Housing is estimated to be most acute in Oban and Lorn and in Mid Argyll. Note that the stock does not include privately adapted households or General Provision that may be adapted to some degree. The number of lets of

this category are lower than for Supported Housing and properties may not come available as often in this category. Overall, the data suggested higher pressure for Accessible and Adapted properties than for supported properties. In Helensburgh and Lomond, the pressure ratio for accessible and adapted housing is lower than for Supported Housing.

- The highest pressure ratio is for wheelchair supported housing where, although demand is lower than for other types of specialist provision, the amount of stock let is even smaller.
- There are known to be inaccuracies in the waiting list data which are based on self-selection of type of specialist provision required.
- The specialist provision property size with the highest demand is accommodation with no bedrooms (i.e. bedsit/studio accommodation). Those requesting Wheelchair Accessible Housing are more likely to request higher numbers of bedrooms.

Survey responses highlighted:

- Unmet demand for ground floor, accessible and wheelchair accessible properties.
- A concern for lack of opportunities for people to move into sheltered accommodation.
- Need to improve the knowledge in the general population on housing options and taking into consideration that some people do not access information online.
- There are some good examples of joint working and some recent improvements in joint working, including at a strategic level.
- The importance of contacts and networking between staff was highlighted.
- It would be useful to increase knowledge of contacts in both HSCP and housing services, in different sectors.
- Challenges to provision of adaptations of sufficient funding and the time involved in accessing and completing adaptations.
- Potential for improvements in allocation of existing specialist provision.
- There was some perception of a lack of information/difficulty of assessing future needs.

5. Health and Housing – an overview

Links between housing and health are well established (Tweed, McCann, & Arnot, 2017). The World Health Organisation lists shelter as one of their prerequisites for health, and adequate housing is identified in the Universal Declaration of Human Rights. Housing is more than a shelter and the home in which people live. The Commission on Housing and Wellbeing (Commission on Housing and Wellbeing, 2015) identified 5 areas of wellbeing which housing contributes to:

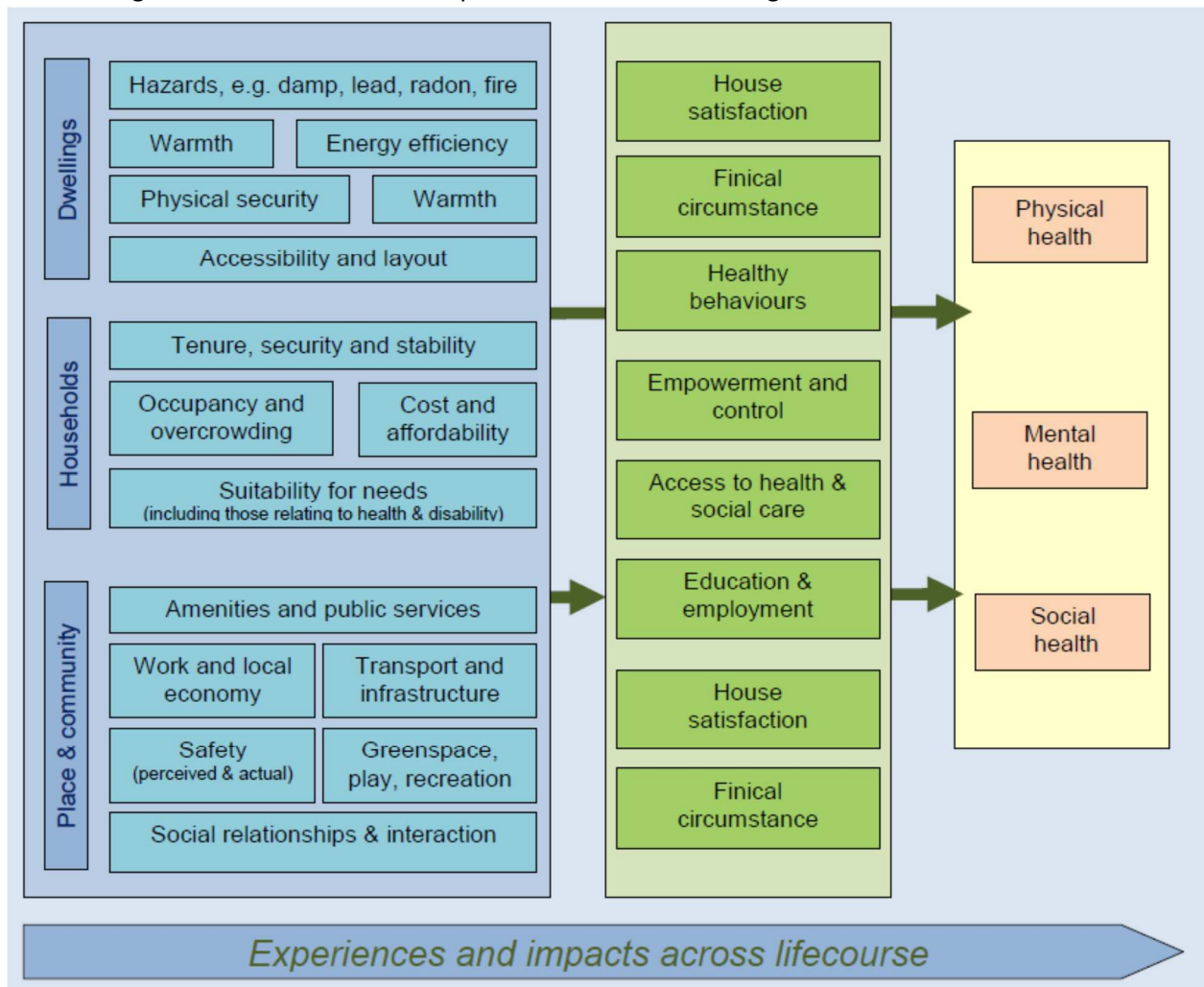
- Home
- Neighbourhood and community
- Economic wellbeing (employment and income)
- Health and education
- Environmental sustainability

These indicate the impact that housing has across our lives, all of which can impact on our health e.g. secure housing and access to employment both have a positive effect on health. In their 2016 inequalities briefing (NHS Health Scotland, 2016) (NHS Highland Director of Public Health, 2016), NHS Health Scotland highlight the life-course contribution that housing makes to inequalities in health. Inequalities in health are avoidable differences in health between different groups of people. For example, those living in deprived areas have lower life expectancy than those in the most affluent areas. Good quality housing can improve the life opportunities for children and younger people and reduce inequalities in health. Examples of housing requirements at different life stages are tabled below.

Examples of housing requirements

| Age Band | Examples of housing requirements |
|--------------|---|
| Under 5s | safe from harm warmth |
| 5-11 | space to play |
| 12-16 | room to study private space good local transport/amenities |
| Adults | strong, safe communities close to employment good local transport/amenities security |
| Older adults | specialist housing smaller housing warmth |

The diagram below illustrates conceptual links between housing and health.



Source: Scottish Public Health Network. *Foundations for well-being: reconnecting public health and housing. A practical guide to Improving Health and Reducing Inequalities.* (Tweed, McCann, & Arnot, 2017)

NHS Health Scotland state that, in order to reduce health inequalities:

1. Everyone in Scotland should have an affordable home that meets their needs.

This indicates that people should be able to afford to buy or rent adequate homes.

2. Every home in Scotland should be warm, dry and energy efficient.

This indicates that the building itself should be sound.

3. Everyone in Scotland should be able to afford to heat their home.

This recognises the high levels of fuel poverty the financial burden of the cost of heating homes on the poorest in society.

4. Everyone in Scotland should have a home that supports wellbeing through connections to a place and a community.

This highlights the wider role of housing in placing people within their communities, including access to employment and services.

Loneliness is associated with poor health outcomes (NHS Highland Director of Public Health, 2016) and the location in which housing is situated can help people to access community services. In addition, built environments that have good walking links can promote physical activity (Faculty of Public health, 2013).

The recommendations made in a number of recent pieces of work around different aspects of health and housing are listed in appendix V.

Key points:

- Housing has a large impact on health across the lifecycle.
- Housing can reduce inequalities in health and should be affordable to buy or rent, warm, dry and affordable to heat.
- Housing is more than a home and connects people with their communities and employment opportunities.

6. Housing for Varying Needs Standards (HfVNS) and Scottish Government Definitions of Special Needs Housing

Housing for Varying Needs Standards

Scottish building regulations set the minimum standard for all new building work. The guidance and standards around accessibility for new dwellings has been founded on the principles of “Housing for Varying Needs” and since around 2010, the later concept of “Lifetime Homes” (Lifetime Homes, 2010). The Housing for Varying Needs Standards (HfVNS) aim to ensure that housing is

“accessible, fit for its purpose, adaptable for different needs and over its lifetime represents good value for money” (Pickles, 1998).

While the majority of new builds should meet the standards, this is not mandatory for all completions. Even when using housing for varying needs a degree of consideration for the unique circumstances of each individual should be considered. Where possible pre-allocation and OTs consultation about individual needs, particularly around bathroom design, should be part of the design process. Wheelchair housing should take into account increasing usage of larger powered chairs.

Designs for houses with support are designed to full wheelchair standard and should be supplemented with input from health and social work services. The HfVN guidance covers two broad groupings of people needing housing with support:

- Those who need support primarily because they need a protective and secure environment, or social support, whose physical abilities will be as those of the population in general, and for whom general design criteria are sufficient.
- Those who need support primarily because they are older or in some way disabled and have particular design needs.

Types of Housing specified by the Housing for Varying Needs Design guides are described in the table below.

Types of Housing: Housing for Varying Needs

| Type of Housing | Description | For |
|---|--|--|
| General Needs | Flats above ground floor designed to level 1 housing for varying needs design guide, except for the access provisions of step free. | All |
| Barrier Free Housing/ Amenity (Low) | Houses fully compliant with level 1 of the housing for varying needs design guide. | Older people or ambulant disabled people or both of these. (For all if all houses are built to housing for varying needs.) |
| Amenity Housing/ Amenity (Medium) | Houses fully compliant with level 2 of the housing for varying needs design guide | Older people and all disabled people including some wheelchair use. |
| Wheelchair Housing/ Amenity (High) | Houses fully compliant with level 3 of the housing for varying needs design guide. | People predominantly using wheelchairs at home. |
| Other Specially Adapted Housing/Bespoke Design | Bespoke designs to suit complex needs. | Those people with complex needs requiring specially designed adapted housing. |
| Houses with Support | Housing with integral support facilities built to the Part 2 specification of housing for varying needs. | People who will only be able to live in the community in housing that not only provides them with suitable designed accommodation but also integral support. |
| Houses with support: Shared Housing | Occupants will have their own private space, but general living space and kitchen facilities will be shared. Occupants will be able to do most, if not all, their own cooking. | For occupancy by a group of individuals who are usually unrelated, but who have a common need of particular support. |
| Houses with support: Group Homes | Occupants will have their own private space and general living space will be shared. There will be 24 hour on site support. | For a group of individuals who need high levels of support and who need to be provided with at least all main meals. |

The Scottish Government define different types of Specialist Housing as shown in the Table below.

Scottish Government Definitions of Special Needs Housing

| Type | Definition |
|-------------------------------------|---|
| Very sheltered housing | This form of housing (sometimes known as ‘care’ and ‘extra care’ housing) generally has all the features listed for sheltered housing, but will usually have special bathroom facilities. In addition, a greater level of care and support is offered through the service of extra wardens, full-time carers or domiciliary assistance and the provision of meals |
| Sheltered Housing | <p>The design is based on the standards for general needs housing with the addition of the following features:</p> <p>a) the housing should be provided at ground or first floor level, or in blocks over 2 storeys high served by at least one lift</p> <p>b) space standards should be the same as for one or two person general needs houses</p> <p>c) handrails should be provided on both sides of all common access stairs, and on at least one side of all common access areas and passages</p> <p>d) bathroom doors should be either sliding or capable of opening outwards, and fitted with locks operable from the outside</p> <p>e) bathroom floors should have a non-slip finish</p> <p>f) handrails should be fitted beside the WC and bath/shower</p> <p>g) a space heating system must be provided which is capable of maintaining a temperature of 21C when the outside temperature is –1C in the following parts of the house: living area, sleeping area, kitchen, bathroom, hallway</p> <p>h) light switches arranged to line horizontally with door handles</p> <p>i) socket outlets fixed at a height of at least 500mm above the floor</p> <p>j) a warden service should be provided.</p> <p>k) an emergency call service should be provided connecting each house to a warden system</p> |
| Sheltered wheelchair housing | The design is adapted to wheelchair standards but also has the features listed above for sheltered housing. It is for elderly people confined to wheelchairs, rather than for other such disabled people. |
| Amenity housing | The design is based on the standards of general needs housing with the addition of those features listed in a) to i) of the sheltered housing definition above. There is no warden, and a community alarm may or may not be fitted. |
| Community alarm | A system of alarms in more than one special needs house that is linked to a central point. This is either manned or temporarily supervised, or connected via a telephone link-up to a point where a response to a distress call can be guaranteed. |
| Wheelchair housing | This consists of dwellings for people confined to wheelchairs. It is built or adapted to give extra floor area, whole house heating, and special bathroom, kitchen and other features. |

| Type | Definition |
|--|--|
| Ambulant disabled housing | This consists of dwellings for people with disabilities who are not confined to wheelchairs. It is built or adapted to general needs housing standards but has a level or ramped approach, WC and bathroom at entrance level and other special features. |
| Other specially adapted housing | Dwellings with other adaptations, such as those with renal dialysis equipment, if information is available. |
| Exclusions | Wardens' housing and Hostel accommodation should be excluded. |

Key points:

- New housing should meet Housing for Varying Needs Standards. These standards aim to enable a property to be adaptable to suit different and changing needs.
- There are different levels of HfVNS with increasing accessibility for wheelchair users.
- Housing with support aims to meet needs of those requiring integral support.
- Although the HfVN standards provide minimum specifications for housing, pre-allocation of specialist housing provision is recommended to allow people to be part of the design process to meet their individual needs.
- The Scottish Government has definitions of different types of Specialist housing.

7. Local Strategic and Policy Context

The overall vision for Argyll and Bute Health and Social Care partnership (HSCP), stated within the HSCP Strategic Plan 2016/17 – 2018/19 is:

People in Argyll and Bute will live longer, healthier, independent lives

The strategic plan identifies seven areas of work:

1. Promote healthy lifestyle choices and self-management of long term conditions
2. Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital.
3. Support people to live fulfilling lives in their own homes, for as long as possible.
4. Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.
5. Institute a continuous quality improvement management process across the functions delegated to the Partnership.
6. Support staff to continuously improve the information, support and care that they deliver.
7. Efficiently and effectively manage all resources to deliver Best Value.

If people are living in poor quality housing and do not have access to appropriate support and adaptations, this will limit the success that the HSCP can achieve success in the first 4 priority areas.

The HSCP strategic plan identified 8 locality planning areas. Argyll and Bute Local Housing Strategy (2016-2011) identifies 9 housing market areas which map into the 8 HSCP localities as follows:

| HSCP 4 locality areas & Council Admin Areas | HSCP local areas/Locality Planning Areas | Housing Market areas |
|---|--|--------------------------|
| Bute and Cowal | Bute | Bute |
| | Cowal | Cowal |
| Helensburgh and Lomond | Helensburgh and Lomond | Helensburgh and Lomond |
| Mid-Argyll, Kintyre and Islay | Mid Argyll | Mid Argyll |
| | Kintyre | Kintyre |
| | Islay and Jura | Islay, Jura and Colonsay |
| Oban, Lorn and the Isles | Oban and Lorn | Lorn & Inner Isles |
| | Mull, Iona, Coll, Tiree and Colonsay | Mull & Iona |
| | | Coll & Tiree |

The Local Housing Strategy (LHS) is driven by the Argyll and Bute Housing Needs Demands Assessment (HNDA) 2016 and the technical papers which inform it, as well as by the local community planning context. The overall aim of the Single outcome Agreement (SOA) 2013-2023 is that:

Argyll and Bute’s economic success is built on a growing population.

The overall vision of the LHS is for:

A housing system in Argyll and Bute that makes a strong contribution to thriving and sustainable communities and supports economic growth

Links between health and socioeconomic status and deprivation are well established. Sustainable communities and economic growth have the potential to improve the health of the population in Argyll and Bute. The opposite is also true, that vulnerable communities and poor opportunities for employment are likely to have a negative effect on the health of the population of Argyll and Bute.

The LHS identifies 4 key priority outcomes, as described below. All these outcomes are relevant to health and wellbeing, and to health and social care. However, outcome 3 is particularly relevant to the first 4 areas of focus within the HSCP strategic plan. Housing that is appropriate to the needs of individuals will support people to live in their own homes, will enable people to manage their long-term conditions more successfully, will reduce avoidable emergency admissions and will reduce the burden on unpaid carers. Within the outcomes are key targets to achieve the strategic outcomes. Selected key outcomes are tabled below.

| LHS Outcome | Selected key Targets |
|---|--|
| Outcome 1: People can access sufficient, suitable and affordable housing across all tenures | A minimum of 550 affordable homes completed over the next 5 years (with at least 80% for social rent) |
| | A minimum of 125 long term empty homes in the private sector brought back into use over the next 5 years |
| | 4,000 households have their housing needs met through the operation of the common housing register |
| Outcome 2: People can access an effective, personalised Housing Options service to meet their housing need | 100% of homeless households are assessed for support needs |
| | Protocols for Looked After Children & Care Leavers successfully implemented |
| Outcome 3: People are enabled to live independently in their own homes | At least 10% of affordable new builds should comprise some form of specialist provision |
| | 100% of affordable new builds should be built to life-time standards for varying needs |
| | Identified needs for adaptations to existing homes should be addressed within the life of the strategy |
| Outcome 4: Communities are regenerated by improving the quality, condition and energy efficiency of housing. | 100% of eligible RSL stock is EESSH compliant by 2020 |
| | Energy Efficiency ratings for A&B dwelling stock improved by 2021 |

Source: Argyll and Bute Local Housing Strategy 2016-2021

The Strategic Housing Investment Plan (2017/18 – 2021/22) documents the investment in new build affordable housing over the next 5 years. This investment comes from 3 primary sources:

- Scottish Government's Affordable Housing Supply Programme (AHSP)
- Council's Strategic Housing Fund (mainly comprising Council Tax on Empty and Second Homes)
- RSL's Private Finance borrowing

In general all 3 funding sources are required to deliver each new build project. In addition, other potential investment may be available, including:

- Scottish Government's Housing Infrastructure Fund
- Other affordable housing provided without AHSP assistance
- Developer Contributions (land or commuted sums).

The SHIP details where the target of a minimum of 550 new affordable homes over the 5 years of the plan should be built. Planned new build are listed in an annex to the SHIP. The SHIP states that affordable new build housing, *subsidised by the AHSP* should be:

- not in Bute or Kintyre where there are long-term voids
- a priority in Oban and Lorn (with Dunbeg as the primary development priority due to geographical constraints within Oban)
- at least 80% to be for social rent
- dominated by small, 1 and 2 bedroom properties
- designed to appropriate lifetime, Housing for Varying Needs Standards (HfVNS, at least level 1), to maximise the accessibility for residents whose circumstances and needs will change over time
- *minimum* of 10% should be purpose designed as specialist provision to suit households with particular needs (i.e. levels 2 or 3 of the Housing for Varying Needs Standards); including older people, those with a physical or mental disability and other vulnerable groups

Particularly relevant, for this report, is the key target that 10% of affordable new builds should comprise some form of specialist provision. Further details on Housing for Varying Needs Standards are provided in the previous section. A copy of the current SHIP is provided in Appendix IX.

The purpose of the current report is to help identify the likely need for specialist provision including both new builds and adaptations to existing properties. The HNDA is informed by, amongst other documents, [HNDA Technical Paper 05](#) - Specialist Provision in Argyll and Bute. Specialist Provision is broken down into 6 templates and the need for housing in each of the categories specified by these templates is evidenced and discussed.

| Category of Housing Need | Type of Housing Provision |
|--------------------------|--|
| Property Needs | <p>1. Accessible and adapted housing</p> <p>2. Wheelchair housing</p> <p>3. Non-permanent housing e.g. for students, migrant workers, asylum seekers, refugees</p> |
| Care and Support Needs | <p>4. Supported provision e.g. care homes; sheltered/very sheltered housing; hostels and refuges</p> <p>5. Care/support services for independent living</p> |
| Locational or Land Needs | <p>6. Site provision e.g. sites/pitches for Gypsy/Travellers and sites for Travelling Showpeople</p> |

Although Gypsy/Travellers in Argyll and Bute have specific needs in order to access health and care services, their “locational or land needs” are not considered in the report. Also not considered, although domestic abuse is a cause of need for social care as well as temporary accommodation, is the requirement for non-permanent housing. The remaining types of housing provision; 1,2,4 and 5, are included in this report.

The HSCP strategic plan includes within it a local housing contribution statement. This recognises the need for collaboration between housing services and the HSCP including attendance of an HSCP representative at the Strategic Housing Forum and participation in HSCP locality planning by area housing managers and other officers. It also highlights the need for:

- agreed and shared definitions of housing terminology
- provision of information and advice on available housing options for the elderly
- links between frontline RSL staff who see people at home and relevant HSCP services
- early notification of requirements for adaptations in RSL sector. Private sector adaptations are delegated to the HSCP whereas adaptations in the RSL sector are funded by Scottish Government

The contribution statement states that the Council seek to consider the following issues with HSCP colleagues:

- How well suited is the housing and place offer to the needs, wants and resources of older and disabled households?
- How is the structure and shape of care home and specialist housing market changing and why?
- What key challenges may need to be addressed if the housing offer, including upstream services, is to make a bigger impact?

- What additional specialist provision might be needed for the foreseeable future?
- What further analysis is required and how will the most critical gaps in the evidence base be addressed?

It is hoped that this document starts to address some of the issues identified, and in particular, “What additional specialist provision might be needed for the foreseeable future?”

Housing Options approach in Argyll and Bute

People in Argyll and Bute, in accordance with the Local Housing Strategy, are offered an appraisal of their housing needs. This is known as the “Housing Options Approach” as is defined as follows by the Scottish Government:

“a process which starts with housing advice when someone approaches a local authority with a housing problem. This means looking at an individual’s options and choices in the widest sense. This approach features early intervention and explores all possible tenure options, including council housing, RSLs and the private rented sector. The advice can also cover personal circumstances which may not necessarily be housing related, such as debt advice, mediation and mental health issues. Rather than only accepting a homelessness application local authority homelessness services will work together with other services such as employability, mental health, money advice and family mediation services etc. to assist the individual with issues from an early stage in the hope of avoiding housing crisis”.

HOMEArgyll allocation policy

There are two waiting lists for RSL housing operated in Argyll and Bute. One is from Beild Housing and the other from HOMEArgyll. Home Argyll consists of a partnership between Argyll and Bute Council, Dunbritton Housing Association Limited, Fyne Homes, West Highland Housing Association and Argyll Community Housing Association and maintains a joint waiting list for housing. Applications can be made through the HOME Argyll website at: <http://www.HOMEArgyll.co.uk/> or via a paper form. The following information has been taken from the HOMEArgyll allocations policy.

The Quota System

HOME Argyll divides applicants into three groups and allocates houses to these groups on a quota basis.

| GROUPING | QUOTA |
|---------------------------------|---------------------------------------|
| Statutorily homeless applicants | 50% of all allocations where possible |
| Direct waiting list applicants | 25% of all allocations |
| Transfer applicants | 25% of all allocations |

How priority is assessed

All applications (excepting statutory homelessness applications) are assessed and given points according to their current housing situation and personal circumstances. The maximum total points awarded to any application is 200 points. Health and Social Care points are awarded as shown below.

| CIRCUMSTANCES | POINTS |
|--|--------|
| 4. Housing related health problems | |
| If you have an urgent health issue that would be helped by a move | 200 |
| If you have a severe health issue that would be helped by a move | 50 |
| If you have a significant health issue that would be helped by a move | 20 |
| 7. Social Reasons | |
| You need to be nearer to specialist support services you use regularly | 20 |
| You need to be nearer to family or friends to give or receive support | 10 |

Housing related health problems

In cases where an applicant's health is affected by their current housing circumstances, they are asked to complete a 'Health and Housing Need' form which will be assessed by one of the partner landlords. Priority is awarded according to the extent to which the current accommodation is unsuitable and whether the property could reasonably be adapted to meet the applicant's needs. The assessment includes whether funding would be available to cover all or some of the costs of the adaptation. Where a household has more than one person with health issues, points are awarded on the basis of the member of the household with the highest level of need.

Social Reasons

This category awards points to applicants who need to move for social reasons. This could be because they need to move to be closer to support services that they require, such as non-residential support for a chronic health condition. This could include physical and/or mental health conditions. Points are only awarded if use or continued use of the service has been recommended by relevant professionals as being necessary or beneficial to the applicant's health or other social care issue.

Organisational Structures

Organisational diagrams for Argyll and Bute HSCP and Council Housing services are provided in appendices VII and VIII.

Key points:

- The Local Housing Strategy aims for there to be housing available to support the community planning aims of population growth for Argyll and Bute
- The HSCP aims to enable people to self-manage long-term conditions, avoid emergency admission to hospital, live in their own homes and support carers.
- A key outcome of the Local Housing Strategy is that people are enabled to live independently in their own homes.
- The 5-year Strategic Housing Investment Plan aims to see 550 new affordable homes built in Argyll and Bute of which 80% are for social rental and 10% and specialist provision.
- Four types of Specialist Housing Provision are considered in this document; Accessible and adapted housing, Wheelchair housing, Supported provision and Care/support services for independent living
- People in Argyll and Bute are entitled to the Housing Options Approach
- HOMEArgyll is a partnership of Argyll and Bute Council and the four largest RSLs and operates a common waiting list and a shared allocations policy.

8. Overview of housing in Argyll and Bute

National Records of Scotland estimate that there are a total of 47,766 dwellings in Argyll and Bute. Despite a reduction in overall population since 2007, there has been an increase in the number of dwellings. Within local areas, the number of dwellings has increased by at least 2% in all areas except Bute. The largest increases have been within Oban, Lorn and the Inner Isles and in Mull, Iona, Coll and Tiree with Oban, Lorn and Isles having the largest percentage increase in recent years.

8.1 Number of dwellings in each Locality

| Locality | Total Dwellings | | | |
|--------------------------|-----------------|--------------|--------------|--------------|
| | 2007 | 2010 | 2013 | 2016 |
| Bute | 4279 | 4296 | 4318 | 4293 |
| Cowal | 8499 | 8582 | 8673 | 8681 |
| H&L | 11726 | 11842 | 11893 | 12012 |
| Islay, Jura* | 2081 | 2086 | 2093 | 2115 |
| Kintyre | 4287 | 4361 | 4377 | 4413 |
| Mid Argyll | 5039 | 5137 | 5280 | 5349 |
| Mull, Iona, Coll, Tiree | 2268 | 2360 | 2473 | 2470 |
| Oban and Lorn | 7754 | 8005 | 8234 | 8433 |
| <i>Argyll & Bute</i> | <i>45933</i> | <i>46669</i> | <i>47341</i> | <i>47766</i> |

* Includes Colonsay. Source: National Records of Scotland

8.2 Change in number of dwellings in each locality

| Locality | % Change 2007-2010 | % Change 2010-2013 | % Change 2013-2016 | % Change 2007-2016 |
|--------------------------|--------------------|--------------------|--------------------|--------------------|
| Bute | 0% | 1% | -1% | 0% |
| Cowal | 1% | 1% | 0% | 2% |
| H&L | 1% | 0% | 1% | 2% |
| Islay, Jura* | 0% | 0% | 1% | 2% |
| Kintyre | 2% | 0% | 1% | 3% |
| Mid Argyll | 2% | 3% | 1% | 6% |
| Mull, Iona, Coll, Tiree | 4% | 5% | 0% | 9% |
| Oban and Lorn | 3% | 3% | 2% | 9% |
| <i>Argyll & Bute</i> | <i>2%</i> | <i>1%</i> | <i>1%</i> | <i>4%</i> |

* Includes Colonsay. Source: National Records of Scotland

Argyll and Bute has a high proportion of dwellings that are second homes, 7% compared to 1% in Scotland as a whole. All local areas have a higher proportion of second homes than the Scottish average but the lowest proportion is in Helensburgh and Lomond. This is considerably higher than

7% in some local areas with 16% of properties being second homes on Mull, Iona, Coll and Tiree. Argyll and Bute also has a higher than the Scottish average proportion of vacant dwellings and this is particularly high on Bute and in Kintyre but comparable to the Scottish average in Oban and Lorn and in Helensburgh and Lomond.

8.3 Number of dwellings by occupancy

| Locality | Occupied Dwellings | Vacant dwellings | Second homes | Dwellings with a 'single adult' council tax discount |
|--------------------------|--------------------|------------------|--------------|--|
| Bute | 3388 | 392 | 513 | 1492 |
| Cowal | 7366 | 463 | 852 | 2908 |
| H&L | 11386 | 422 | 204 | 3762 |
| Islay, Jura* | 1738 | 110 | 267 | 637 |
| Kintyre | 3873 | 309 | 231 | 1523 |
| Mid Argyll | 4626 | 286 | 437 | 1703 |
| Mull, Iona, Coll, Tiree | 1974 | 107 | 388 | 684 |
| Oban and Lorn | 7656 | 278 | 499 | 2675 |
| <i>Argyll & Bute</i> | 42007 | 2367 | 3391 | 15384 |

Source: National Records of Scotland

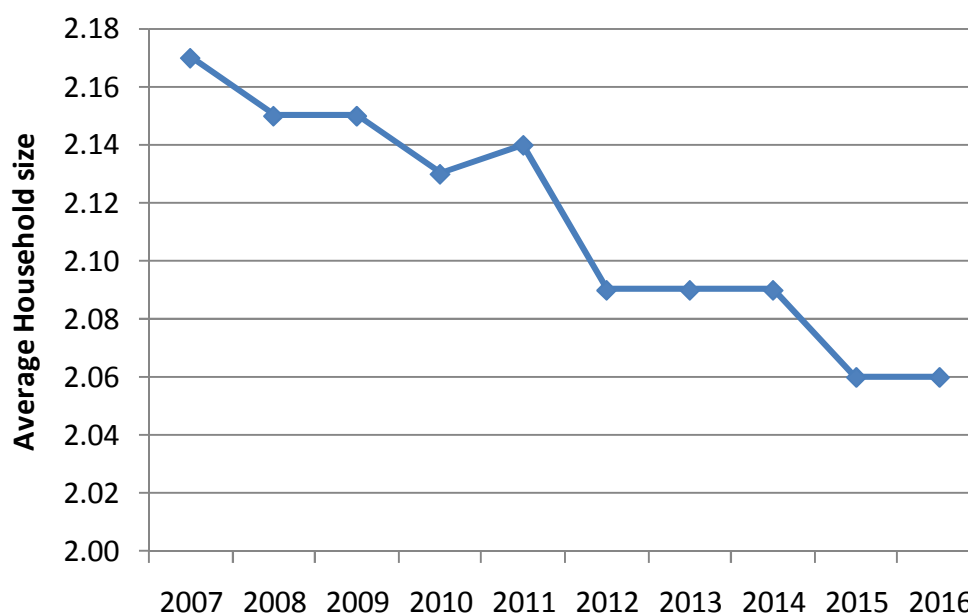
8.4 Number of dwellings by occupancy as a percentage of the total for each Locality.

| Locality | Occupied Dwellings | Vacant dwellings | Second homes | Dwellings with a 'single adult' council tax discount |
|--------------------------|--------------------|------------------|--------------|--|
| Bute | 78.9% | 9.1% | 11.9% | 34.8% |
| Cowal | 84.9% | 5.3% | 9.8% | 33.5% |
| H&L | 94.8% | 3.5% | 1.7% | 31.3% |
| Islay, Jura* | 82.2% | 5.2% | 12.6% | 30.1% |
| Kintyre | 87.8% | 7.0% | 5.2% | 34.5% |
| Mid Argyll | 86.5% | 5.3% | 8.2% | 31.8% |
| Mull, Iona, Coll, Tiree | 79.9% | 4.3% | 15.7% | 27.7% |
| Oban and Lorn | 90.8% | 3.3% | 5.9% | 31.7% |
| <i>Argyll & Bute</i> | 87.9% | 5.0% | 7.1% | 32.2% |
| <i>Scotland</i> | 95.9% | 3.1% | 1.0% | 37.4% |

Source: National Records of Scotland

Argyll and Bute has a lower proportion of dwellings with a single adult occupant, compared to Scotland as a whole. This may reflect the smaller proportion of younger adults in Argyll and Bute. Despite this, the average household size is smaller in Argyll and Bute than in Scotland as a whole (2.06 people compared to 2.16 people). This is likely to reflect the larger number of older people in Argyll and Bute. There has been a trend in Argyll and Bute towards smaller household sizes, which is also likely to reflect the increasing proportion of older people.

8.5 Average Household size by year in Argyll and Bute



Source: National Records of Scotland

The Scottish House Conditions Survey provides information on the Housing stock in Argyll and Bute. This information is from a small sample of 228 properties and therefore caution should be used in interpreting this information. Argyll and Bute has a higher proportion of older properties than Scotland as a whole and a smaller proportion of flats compared to houses and a smaller proportion of 1 or 2 bedroom properties.

8.6 Dwellings by different characteristics

| | Dwelling Characteristics | | | | | |
|------------------------|--------------------------|-----------|---------------|------|--------------------|-----|
| | Age of Dwelling | | House or Flat | | Number of Bedrooms | |
| | Pre-1945 | Post 1945 | House | Flat | 1 or 2 | 3+ |
| <i>Argyll and Bute</i> | 38% | 62% | 70% | 30% | 48% | 52% |
| Scotland | 32% | 68% | 62% | 38% | 51% | 49% |

Source: Scottish House Condition Survey 2013-15

The proportion of people in Social Rented housing is similar to Scotland as a whole but this varies between local areas within Argyll and Bute. Census data from 2011, as described in the Argyll and Bute HNSA 2016 shows that almost 30% of occupied households in Bute and in Kintyre are social rented. Argyll and Bute has a higher proportion of households where the inhabitants are older people, as would be expected from the higher proportion of older people living in Argyll and Bute.

8.7 Household Attributes (Tenure and Type)

| | Household Attributes | | | | | |
|------------------------|----------------------|----------------|----------------|----------------|----------|-------|
| | Tenure | | | Household Type | | |
| | Owner-occupied | Social Housing | Private Rented | Older | Families | Other |
| <i>Argyll and Bute</i> | 62% | 25% | 11% | 41% | 23% | 36% |
| Scotland | 61% | 25% | 13% | 28% | 24% | 47% |

Source: Scottish House Condition Survey 2013-15

Estimates of numbers of people living in fuel poverty are high in Argyll and Bute. This is due to the absence of mains gas outside of Helensburgh and Lomond, large houses and an older housing stock, relatively high living costs in rural areas and relatively low average incomes with an economy reliant on the public sector, tourism, fishing and forestry.

Key points:

- Argyll and Bute has a high proportion of second homes and of vacant dwellings.
- Bute and Kintyre have the highest proportion of vacant dwellings.
- The number of dwellings in Argyll and Bute has increased despite population decreases, and the average household size has reduced over time.
- Argyll and Bute has a higher proportion of houses built prior to 1945 than Scotland as a whole and has a higher proportion of larger properties
- Fuel poverty levels are high in Argyll and Bute, particularly in areas outside of Helensburgh and Lomond.

9. Overview of the demographics of the population of Argyll and Bute

Recent Population Estimates

The most recent (2016) estimate of the number of people living in Argyll and Bute is 87,130. The number of people in each locality and by age band is shown below.

9.1 Population estimates by age and Locality

| Locality | 0-15 | 16-24 | 25-44 | 45-64 | 65-74 | 75-84 | 85+ | Total |
|-------------------------|--------------|-------------|--------------|--------------|--------------|-------------|-------------|--------------|
| Bute | 832 | 515 | 1005 | 1911 | 1015 | 637 | 214 | 6129 |
| Cowal | 1999 | 1241 | 2453 | 4306 | 2381 | 1427 | 469 | 14276 |
| H&L | 4137 | 3276 | 5832 | 7546 | 3249 | 1708 | 673 | 26421 |
| Islay and Jura* | 512 | 279 | 659 | 1006 | 534 | 282 | 93 | 3365 |
| Kintyre | 1171 | 721 | 1430 | 2222 | 1107 | 691 | 249 | 7591 |
| Oban, Lorn and Isles | 2614 | 1744 | 3501 | 4966 | 2034 | 1125 | 410 | 16394 |
| Mid Argyll | 1376 | 726 | 1783 | 2951 | 1339 | 741 | 221 | 9137 |
| Mull, Iona, Coll, Tiree | 597 | 244 | 780 | 1239 | 562 | 278 | 117 | 3817 |
| Argyll and Bute | 13238 | 8746 | 17443 | 26147 | 12221 | 6889 | 2446 | 87130 |

Source: National Records of Scotland using best-fit of 2011 datazones to Locality areas. *Note that data for Colonsay cannot be separated from Islay and Jura.

As people age, they are more likely to be living with long-term conditions and are more likely to become frail; they are more likely to require health and social care. Every locality in Argyll and Bute HSCP has a higher proportion of those aged 75+ than in Scotland as a whole. The percentage of people in each age band is shown below. Cowal and Bute have the highest proportion of people aged 75+. Helensburgh and Lomond has the lowest proportion of those aged 75+ but note that, as the population estimate includes those currently stationed at HMNB Clyde, the proportion of older people amongst the civilian population in this locality will be higher and the proportion of people aged 75+ in the civilian population will be higher. There are more people aged 75+ living in Helensburgh and Lomond than any other locality (Table 9.1).

9.2 Population estimates by age and Locality, as a percentage of total for each area

| Area | 0-15 | 16-24 | 25-44 | 45-64 | 65-74 | 75-84 | 85+ | 75+ |
|-------------------------|-------|-------|-------|-------|-------|-------|------|-------|
| Bute | 13.6% | 8.4% | 16.4% | 31.2% | 16.6% | 10.4% | 3.5% | 13.9% |
| Cowal | 14.0% | 8.7% | 17.2% | 30.2% | 16.7% | 10.0% | 3.3% | 13.3% |
| H&L | 15.7% | 12.4% | 22.1% | 28.6% | 12.3% | 6.5% | 2.5% | 9.0% |
| Islay and Jura* | 15.2% | 8.3% | 19.6% | 29.9% | 15.9% | 8.4% | 2.8% | 11.1% |
| Kintyre | 15.4% | 9.5% | 18.8% | 29.3% | 14.6% | 9.1% | 3.3% | 12.4% |
| Oban, Lorn and Isles | 15.9% | 10.6% | 21.4% | 30.3% | 12.4% | 6.9% | 2.5% | 9.4% |
| Mid Argyll | 15.1% | 7.9% | 19.5% | 32.3% | 14.7% | 8.1% | 2.4% | 10.5% |
| Mull, Iona, Coll, Tiree | 15.6% | 6.4% | 20.4% | 32.5% | 14.7% | 7.3% | 3.1% | 10.3% |
| Argyll and Bute | 15.2% | 10.0% | 20.0% | 30.0% | 14.0% | 7.9% | 2.8% | 10.7% |
| Scotland | 16.9% | 11.2% | 25.7% | 27.6% | 10.3% | 6.0% | 2.2% | 8.2% |

Source: National Records of Scotland using best-fit of 2011 datazones to Locality areas. *Note that data for Colonsay cannot be separated from Islay and Jura

Urban-Rural Classification

The relatively small numbers of people living in some areas (particularly Islay and Jura and Mull, Iona, Coll and Tiree) mean that data for these areas are more likely to have higher variability from year to year. This should be kept in mind in interpreting the data in this report. In addition, many locality areas have distinct communities within them, characteristic of their rural nature, which are separated by water or by distance. It is difficult to estimate or to project need within these smaller areas.

The percentage of people living in each locality, by the Scottish Government Urban-Rural Classification of each datazone, is shown below. Overall 42% of the population live in 'Remote Rural' areas but in three localities, 100% of the population live in 'Remote Rural' areas. These are Mid Argyll and the two island localities. Helensburgh and Lomond is the only locality to have areas classified as urban, with areas classified as 'Accessible Rural' surrounding Helensburgh. Areas within Rothesay, Dunoon, Campbeltown and Oban are classified as 'Remote Small Towns'.

9.3 Percentage of people in each locality by Urban-Rural Classification

| Area | 2 Other Urban Areas | 4 Remote Small Towns | 5 Accessible Rural | 6 Remote Rural |
|-------------------------|---------------------|----------------------|--------------------|----------------|
| Bute | | 72% | | 28% |
| Cowal | | 66% | | 34% |
| H&L | 59% | | 30% | 11% |
| Islay, Jura, Colonsay | | | | 100% |
| Kintyre | | 62% | | 38% |
| Oban, Lorn and Isles | | 52% | | 48% |
| Mid Argyll | | | | 100% |
| Mull, Iona, Coll, Tiree | | | | 100% |
| Argyll and Bute | 18% | 31% | 9% | 42% |

Source: 2016 population estimates: National Records of Scotland and Scottish Government Urban-Rural Classification (2013-14)

For those localities with areas in more than one urban-rural classification, the proportion of people in each area, by age band, is shown below. Although the exact proportions differ between localities, from ages 65-74 to 75-84 and 85+, the percentage of people living in remote rural areas decreases and the percentage living in towns increases. This may reflect choice to live closer to facilities in the town but may also reflect a lack of opportunity to remain in rural areas, for some people.

Bute

9.4 Percentage of people by Urban-Rural Classification in each age band (Bute)

| Bute: Age band | 4 Remote Small Towns | 6 Remote Rural |
|----------------|----------------------|----------------|
| 0-15 | 77% | 23% |
| 16-24 | 77% | 23% |
| 25-44 | 75% | 25% |
| 45-64 | 70% | 30% |
| 65-74 | 66% | 34% |
| 75-84 | 68% | 32% |
| 85+ | 75% | 25% |

Source: 2016 population estimates: National Records of Scotland and Scottish Government Urban-Rural Classification (2013-14)

Cowal

9.5 Percentage of people by Urban-Rural Classification in each age band (Cowal)

| Cowal: Age band | 4 Remote Small Towns | 6 Remote Rural |
|-----------------------|-------------------------------|----------------------|
| 0-15 | 73% | 27% |
| 16-24 | 75% | 25% |
| 25-44 | 72% | 28% |
| 45-64 | 62% | 38% |
| 65-74 | 57% | 43% |
| 75-84 | 63% | 37% |
| 85+ | 67% | 33% |

Source: 2016 population estimates: National Records of Scotland and Scottish Government Urban-Rural Classification (2013-14)

Helensburgh and Lomond

Within Helensburgh and Lomond, a higher proportion of younger (16-44) adults than other age bands live in 'Accessible Rural' areas. This is likely to be influenced by people residing in accommodation for working at HMNB Clyde.

9.6 Percentage of people by Urban-Rural Classification in each age band(Helensburgh and Lomond)

| Age band | 2 Other Urban Areas | 5 Accessible Rural | 6 Remote Rural |
|----------|------------------------------|--------------------------|----------------------|
| 0-15 | 66% | 23% | 11% |
| 16-24 | 47% | 45% | 8% |
| 25-44 | 51% | 40% | 9% |
| 45-64 | 61% | 26% | 13% |
| 65-74 | 63% | 23% | 14% |
| 75-84 | 71% | 17% | 12% |
| 85+ | 73% | 17% | 10% |

Source: 2016 population estimates: National Records of Scotland and Scottish Government Urban-Rural Classification (2013-14)

Kintyre

9.7 Percentage of people by Urban-Rural Classification in each age band (Kintyre)

| Kintyre: Age band | 4 Remote Small Towns | 6 Remote Rural |
|----------------------|-------------------------------|----------------------|
| 0-15 | 66% | 34% |
| 16-24 | 63% | 37% |
| 25-44 | 67% | 33% |
| 45-64 | 57% | 43% |
| 65-74 | 57% | 43% |
| 75-84 | 63% | 37% |
| 85+ | 72% | 28% |

Source: 2016 population estimates: National Records of Scotland and Scottish Government Urban-Rural Classification (2013-14)

Oban, Lorn and the Isles

9.8 Percentage of people by Urban-Rural Classification in each age band (Oban and Lorn)

| Oban, Lorn and Isles: Age band | 4 Remote Small Towns | 6 Remote Rural |
|--------------------------------------|-------------------------------|----------------------|
| 0-15 | 55% | 45% |
| 16-24 | 60% | 40% |
| 25-44 | 60% | 40% |
| 45-64 | 48% | 52% |
| 65-74 | 43% | 57% |
| 75-84 | 45% | 55% |
| 85+ | 47% | 53% |

Source: 2016 population estimates: National Records of Scotland and Scottish Government Urban-Rural Classification (2013-14)

Population projections

National Records of Scotland publish population projections created by taking trends in birth, death and migration, and applying them to population estimates. The most recent projections are based on 2014 population estimates. A separate set of local area population projections have been produced by Argyll and Bute Council to inform their HNDA. These were based on 2013 population estimates using trends from 2012. A comparison of the 2016 population estimates with these two sources of population projections, for 2016, is shown below.

9.9 A comparison of different estimates for population size in 2016, by age band

| Age Band | 2016 Population | | | Difference in Estimate compared to: | |
|--------------|-----------------|--------------|--------------|-------------------------------------|------------|
| | Estimate | 2014 NRS | 2013 Local | 2014 NRS | 2013 Local |
| 00-15 | 13238 | 13227 | 13240 | 11 | -2 |
| 16-24 | 8746 | 8550 | 8613 | 196 | 133 |
| 25-44 | 17443 | 17183 | 17291 | 260 | 152 |
| 45-64 | 26147 | 26136 | 25918 | 11 | 229 |
| 65-74 | 12221 | 12270 | 12188 | -49 | 33 |
| 75-84 | 6889 | 7024 | 7005 | -135 | -116 |
| 85+ | 2446 | 2553 | 2572 | -107 | -126 |
| Total | 87130 | 86943 | 86827 | 187 | 303 |

Source: National Records of Scotland

The total 2016 population estimate is higher than both population projections. However, this is not the case within each age band. Within the younger working age groups of 16-24 and 25-44, the 2016 population estimate is higher than the projections. This is likely to be due to an increase in people stationed at HMNB Clyde compared to that projected. The number of people 75+ is lower in the 2016 population estimate than in both projections. This may be due to a greater number of deaths than projected, net migration being lower than projected, or a combination of both of these factors.

The biggest difference between the two different projections is in the 16-24, 25-44 and 45-64 age groups. This is likely to be at least partly due to differences in the projections of the military population stationed at HMNB Clyde but may also reflect differences in net migration.

2014 NRS population projections for Argyll and Bute are shown below for 5 and 10 years time. The population is projected to decrease overall by 2% between 2017 and 2022 and by an additional 1% of the 2017 population by 2027. This decrease is not apparent in all age bands. Decreases are projected within the younger age groups (under 65). Migration of people within these age groups is

difficult to project accurately and changes in the military population has a large effect, particularly on the number of people aged 16-44. Projections for people 16-44 may be less reliable than in older age bands.

The population aged 25-44 is currently around 35% lower than the population aged 45-64. As the population ages on 10 years, there are insufficient people in the 25-44 age band to replace those in the 45-64 age band whom have aged moved to the 75-74 age band; it is therefore likely that the population 45-64 will decrease. The largest decline in numbers of people, over the next 10 years, is projected to be within the 45-64 age band. The number of people aged 64-75 is projected to undergo a small percentage change, representing an increase of 271 people over 10 years. Note that the 2016 population estimates were slightly lower (by 40 people) in this age band; the actual increase may be lower than projected.

9.10 NRS 2014-based population projections for 2017, 2022 and 2027

| Age Band | 2014-based projection | | | Change from | | | Percentage change | |
|------------------------|-----------------------|--------------|--------------|--------------|--------------|--------------|-------------------|-------------------|
| | 2017 | 2022 | 2027 | 2017 to 2022 | 2017 to 2027 | 2022 to 2027 | from 2017 to 2022 | from 2017 to 2027 |
| 0-15 | 13129 | 12682 | 12251 | -447 | -878 | -431 | -3% | -7% |
| 16-24 | 8309 | 7245 | 7038 | -1064 | -1271 | -207 | -13% | -15% |
| 25-44 | 16885 | 16701 | 16270 | -184 | -615 | -431 | -1% | -4% |
| 45-64 | 26051 | 24650 | 22498 | -1401 | -3553 | -2152 | -5% | -14% |
| 65-74 | 12400 | 12284 | 12671 | -116 | 271 | 387 | -1% | 2% |
| 75-84 | 7144 | 8479 | 9498 | 1335 | 2354 | 1019 | 19% | 33% |
| 85+ | 2670 | 3140 | 3783 | 470 | 1113 | 643 | 18% | 42% |
| 65+ | 22214 | 23903 | 25952 | 1689 | 3738 | 2049 | 8% | 17% |
| 75+ | 32028 | 35522 | 39233 | 3494 | 7205 | 3711 | 11% | 22% |
| Argyll and Bute | 86588 | 85181 | 84009 | -1407 | -2579 | -1172 | -2% | -3% |

Source: National Records of Scotland

In the 2016 population estimates, and the 2017 population projections, there are higher numbers of people in the 65-74 age band than the 75-84 age band, and also higher number of people in the 75-84 age band than the and 85+ age band. Therefore, as these people age by 10 years, the number of people in the oldest age bands is projected to increase. The oldest people are less likely to migrate and therefore the population projections for these bands are not as dependent on estimates of net migration rates and may be more accurate. Increases in those aged 75-84 may be 1335 people in 5 years and an additional 1019 people in the subsequent 5 years. This is an increase of 33% in the 2017 population within 10 years. Those aged 85+ may see an even higher (42%) percentage increase over 10 years, with 470 more people in this age band by 2022 and an additional 643 people in the subsequent 5 years. This large increase in the number of people in the oldest age groups will have a significant impact on demand for health and social care services and the need for specialist housing.

Note that there were slightly fewer people aged 75+ in the 2016 population estimates than projected. This may indicate that the 2014 projections slightly overestimate the numbers of people aged 75+. However, this is a reduction of 242 people compared to the projected total increase of 3467 people aged 75+.

Local Area Population Projections

Local area projections highlight that the projected population changes are not likely to occur in the same manner in all localities. These projections, as the oldest and at the smallest geographies, are most likely not to be project the population accurately. However, they do provide an indication of the differences between the localities areas. Islay and Jura was considered too small to conduct population projections and is included along with Kintyre, giving 7 local area population projections.

Kintyre, Islay and Jura

Kintyre is projected to have a decrease in total population of 540 people over 10 years. The increase in those age 75+ is projected to be lower than this, 304 people in total. Although this does not suggest a need for additional housing, as there may be surplus housing available, the increase in the older population suggests an increased need for specialist provision, which may predominantly be in the form of adaptations and support at home.

9.11 Local (2013-based) population projections (Kintyre, Islay and Jura)

| Age Band | Difference from estimate 2016 | Change from | | | Percentage change from 2017 to | |
|-------------------------|-------------------------------|--------------|-------------|--------------|--------------------------------|------------|
| | | 2017 to 2022 | 2027 | 2022 to 2027 | 2022 | 2027 |
| 0-15 | 28 | 35 | 71 | 36 | 2% | 4% |
| 16-24 | -36 | -190 | -272 | -82 | -19% | -27% |
| 25-44 | -104 | 198 | 336 | 138 | 9% | 15% |
| 45-64 | 84 | -380 | -743 | -363 | -12% | -24% |
| 65-74 | 11 | -103 | -236 | -133 | -6% | -15% |
| 75-84 | -18 | 103 | 165 | 62 | 10% | 16% |
| 85+ | -22 | 67 | 139 | 73 | 18% | 38% |
| Kintyre, I&J | -57 | -271 | -540 | -269 | -2% | -5% |

Source: National Records of Scotland 2016 population estimate and local 2013 Argyll and Bute Council population projections. Colonsay is included in this area.

Bute

Bute is projected to have a decrease in total population of 321 people over 10 years. The increase in those age 75+ is projected to be lower than this, 226 people in total. Although this does not suggest a need for additional housing, as there may be surplus housing available, the increase in the older population suggests an increased need for specialist provision, which may predominantly be in the form of adaptations and support at home.

9.12 Local (2013-based) population projections (Bute)

| Age Band | Difference from estimate 2016 | Change from | | | Percentage change from 2017 to | |
|-------------|-------------------------------|--------------|-------------|--------------|--------------------------------|------------|
| | | 2017 to 2022 | 2027 | 2022 to 2027 | 2022 | 2027 |
| 0-15 | -33 | -45 | -56 | -11 | -5% | -7% |
| 16-24 | -5 | -57 | -100 | -43 | -11% | -20% |
| 25-44 | -63 | 39 | 18 | -21 | 4% | 2% |
| 45-64 | 1 | -192 | -372 | -180 | -10% | -20% |
| 65-74 | -15 | -14 | -36 | -22 | -1% | -3% |
| 75-84 | -28 | 54 | 114 | 61 | 8% | 17% |
| 85+ | -22 | 64 | 112 | 47 | 27% | 46% |
| Bute | -164 | -151 | -321 | -169 | -2% | -5% |

Source: National Records of Scotland 2016 population estimate and local 2013 Argyll and Bute Council population projections

Cowal

Cowal is projected to have a decrease in total population of 1773 people over 10 years, although the decrease may be lower than this as the population estimate in 2016 was higher than projected. The increase in those age 75+ is projected to be 554 people in total. Although this does not suggest a need for additional housing, as there may be surplus housing available, the increase in the older population suggests an increased need for specialist provision, which may predominantly be in the form of adaptations and support at home.

9.13 Local (2013-based) population projections (Cowal)

| Age Band | Difference from estimate 2016 | Change from | | | Percentage change from 2017 to | |
|--------------|-------------------------------|--------------|--------------|--------------|--------------------------------|-------------|
| | | 2017 to 2022 | 2027 | 2022 to 2027 | 2022 | 2027 |
| 0-15 | 25 | -144 | -359 | -215 | -7% | -18% |
| 16-24 | 18 | -253 | -376 | -124 | -22% | -32% |
| 25-44 | 51 | -225 | -482 | -257 | -10% | -21% |
| 45-64 | 33 | -351 | -841 | -490 | -8% | -20% |
| 65-74 | -4 | -173 | -270 | -96 | -7% | -11% |
| 75-84 | 21 | 210 | 367 | 157 | 15% | 26% |
| 85+ | -32 | 94 | 187 | 93 | 18% | 36% |
| Cowal | 113 | -843 | -1773 | -931 | -6% | -13% |

Source: National Records of Scotland 2016 population estimate and local 2013 Argyll and Bute Council population projections

Helensburgh and Lomond

Helensburgh and Lomond is projected to have a decrease in total population of 2096 people over 10 years. This is likely to be inaccurate due to planned expansion of the military base at Faslane. Indeed, the population estimate in 2016 was higher than projected, although not for the oldest age groups. The increase in those aged 75+ is projected to be 832 people in total. If there is pressure in the housing sector in Helensburgh and Lomond due to expansion at Faslane, the increasing population of older people may represent additional need for housing, some of which will need to cater for specialist requirements. In addition, the increase in the older population suggests an increased need for specialist provision in the form of adaptations and support at home.

9.14 Local (2013-based) population projections (Helensburgh and Lomond)

| Age Band | Difference from estimate 2016 | Change from | | | Percentage change from 2017 to | |
|----------------|-------------------------------|--------------|--------------|--------------|--------------------------------|------------|
| | | 2017 to 2022 | 2017 to 2027 | 2022 to 2027 | 2022 | 2027 |
| 0-15 | 38 | -230 | -416 | -186 | -6% | -10% |
| 16-24 | 156 | -179 | -367 | -188 | -6% | -12% |
| 25-44 | 473 | -440 | -774 | -334 | -8% | -15% |
| 45-64 | 94 | -470 | -1238 | -767 | -6% | -17% |
| 65-74 | 134 | -173 | -133 | 40 | -5% | -4% |
| 75-84 | -62 | 391 | 618 | 227 | 22% | 35% |
| 85+ | -27 | 93 | 214 | 121 | 13% | 30% |
| H&L | 807 | -1010 | -2096 | -1087 | -4% | -8% |

Source: National Records of Scotland 2016 population estimate and local 2013 Argyll and Bute Council population projections

Oban, Lorn and the inner Isles

Oban, Lorn and the Inner Isles is projected to have an increase in total population of 818 people over 10 years although the population estimate in 2016 was lower than projected. The increase in those aged 75+ is projected to be 575 people in total. This represents a large percentage increase in those aged 75+ with an increasing population overall, indicating higher housing need than other areas. There will be a need for new housing (some of which will need to address specialist need) in addition to a need for specialist provision in the form of adaptations and support at home.

9.15 Local (2013-based) population projections (Oban and Lorn)

| Age Band | Difference from estimate 2016 | Change from | | | Percentage change from 2017 to | |
|-----------------|-------------------------------|--------------|--------------|--------------|--------------------------------|-----------|
| | | 2017 to 2022 | 2017 to 2027 | 2022 to 2027 | 2022 | 2027 |
| 0-15 | -55 | 157 | 282 | 126 | 6% | 10% |
| 16-24 | 7 | -218 | -233 | -16 | -13% | -14% |
| 25-44 | -84 | 156 | 167 | 12 | 4% | 5% |
| 45-64 | -13 | -84 | -289 | -205 | -2% | -6% |
| 65-74 | 14 | 103 | 315 | 212 | 5% | 15% |
| 75-84 | -21 | 218 | 388 | 170 | 19% | 33% |
| 85+ | -13 | 70 | 187 | 117 | 16% | 42% |
| Oban etc | -166 | 402 | 818 | 416 | 2% | 5% |

Source: National Records of Scotland 2016 population estimate and local 2013 Argyll and Bute Council population projections

Mid Argyll

Mid Argyll is projected to have a decrease in total population of 515 people over 10 years. The 2016 population estimate was lower than projected indicating that the population decrease may be lower than projected. The increase in those age 75+ is projected to be 364 people in total. Although this does not suggest a need for additional housing, as there may be surplus housing available, the increase in the older population suggests an increased need for specialist provision, which may predominantly be in the form of adaptations and support at home.

9.16 Local (2013-based) population projections (Mid Argyll)

| Age Band | Difference from estimate 2016 | Change from | | | Percentage change from 2017 to | |
|-------------------|-------------------------------|--------------|--------------|--------------|--------------------------------|------------|
| | | 2017 to 2022 | 2017 to 2027 | 2022 to 2027 | 2022 | 2027 |
| 0-15 | 15 | -21 | 1 | 22 | -2% | 0% |
| 16-24 | -38 | -180 | -301 | -121 | -24% | -40% |
| 25-44 | -95 | 29 | 17 | -12 | 2% | 1% |
| 45-64 | 56 | -193 | -548 | -355 | -7% | -19% |
| 65-74 | -53 | -60 | -47 | 12 | -4% | -3% |
| 75-84 | 8 | 135 | 244 | 109 | 18% | 32% |
| 85+ | -9 | 51 | 120 | 69 | 21% | 49% |
| Mid Argyll | -117 | -239 | -515 | -276 | -3% | -6% |

Source: National Records of Scotland 2016 population estimate and local 2013 Argyll and Bute Council population projections

Mull, Iona, Coll and Tiree

Mull, Iona, Coll and Tiree is projected to have a small decrease in total population of 82 people over 10 years. The 2016 population estimate was lower than projected indicating that the population decrease may be lower than projected. The increase in those age 75+ is projected to be 225 people in total. This suggests that there may be need for some additional housing to support the older population. The increase in the older population also suggests an increased need for specialist provision, which may predominantly be in the form of adaptations and support at home.

9.17 Local (2013-based) population projections (Mull, Iona, Coll and Tiree)

| Age Band | Difference from estimate 2016 | Change from | | | Percentage change from 2017 to | |
|------------------|-------------------------------|--------------|--------------|--------------|--------------------------------|------------|
| | | 2017 to 2022 | 2017 to 2027 | 2022 to 2027 | 2022 | 2027 |
| 0-15 | -20 | -36 | -134 | -98 | -6% | -22% |
| 16-24 | 31 | -41 | -25 | 16 | -20% | -12% |
| 25-44 | -26 | -34 | -85 | -51 | -4% | -11% |
| 45-64 | -25 | -32 | -92 | -60 | -3% | -7% |
| 65-74 | -53 | 29 | 28 | -1 | 5% | 4% |
| 75-84 | -17 | 88 | 186 | 98 | 29% | 60% |
| 85+ | -1 | 8 | 39 | 31 | 7% | 34% |
| Mull, etc | -111 | -17 | -82 | -64 | 0% | -2% |

Source: National Records of Scotland 2016 population estimate and local 2013 Argyll and Bute Council population projections

Deprivation

Inequalities exist within in health, with those with the highest incomes and socioeconomic status having better health outcomes e.g. life expectancy. Scottish Index of Multiple Deprivation (SIMD) is an area measure of multiple deprivation which ranks datazones according to seven different domains including income and employment. The table below shows the number of people by SIMD 2016, within Scotland. The data is presented by SIMD quintile (Q); each quintile contains 20% of the datazones in Scotland. In Scotland as a whole, 40% of datazones are within quintiles 1 and 2. 24% of the population of Argyll and Bute live in datazones within quintiles 1 or 2. People living in these datazones are not necessarily experiencing deprivation or of low socioeconomic status but there will be a higher proportion of people in experiencing deprivation or of low socioeconomic status living in these areas. This may indicate a higher degree of need for health and social care services and for good quality housing. Good quality housing, which is affordable to buy or rent, affordable to heat and maintain, is not overcrowded, and which is well connected to the community, has good transport links and is close to sources of employment can act to improve outcomes for people and reduce inequalities.

The proportion of people within quintiles 1 and 2 varies between localities, with Bute containing the highest proportion of people within the most deprived areas in Scotland. However, Cowal, Helensburgh and Lomond and Kintyre all contain higher number of people in the most deprived quintile. Oban, Lorn and the Isles also have people within the most deprived 20% and a large number with the second most deprived quintile. Mid Argyll and Islay and Jura have people within the second most deprived quintile. The most deprived areas tend to be within towns where there are datazones with people of similar socioeconomic status. Rural areas tend to be more heterogeneous.

9.18 Number of people by within Scotland deprivation quintile, by Locality

| Area | Most deprived | Within Scotland | | | Least deprived | % in Q1 or Q2 |
|-------------------------|---------------|-----------------|--------------|--------------|----------------|---------------|
| | Q1 | Q2 | Q3 | Q4 | Q5 | |
| Bute | 1059 | 3010 | 1272 | 788 | 0 | 66% |
| Cowal | 1812 | 3835 | 8085 | 544 | 0 | 40% |
| H&L | 2011 | 1558 | 3562 | 10674 | 8616 | 14% |
| Islay, Jura, Colonsay | 0 | 683 | 2342 | 340 | 0 | 20% |
| Kintyre | 1200 | 1265 | 3682 | 1444 | 0 | 32% |
| Oban, Lorn and Isles | 489 | 3077 | 7165 | 5663 | 0 | 22% |
| Mid Argyll | 0 | 766 | 5378 | 2993 | 0 | 8% |
| Mull, Iona, Coll, Tiree | 0 | 0 | 2804 | 1013 | 0 | 0% |
| Argyll and Bute | 6571 | 14194 | 34290 | 23459 | 8616 | 24% |

Source: 2016 population estimates, National Records of Scotland and Scottish Index of Multiple Deprivation 2016.

Population numbers are also provided according to SIMD quintiles within Argyll and Bute. These are calculated so that each quintile contains approximately 20% of the population of Argyll and Bute. This may be useful for targeting the most deprived areas within Argyll and Bute. Using this method, Bute, Cowal and Kintyre have the highest proportion of people in areas within quintiles 1 and 2. Bute, Cowal, Helensburgh and Lomond, Kintyre and Oban, Lorn and the Isles all have large numbers of people within the most deprived quintile in Argyll and Bute, again these represent localities that have towns.

9.18 Number of people within Argyll and Bute by deprivation quintile, by Locality

| Area | Most deprived | Within Argyll and Bute | | | | Least deprived | % in Q1 or Q2 |
|-------------------------|---------------|------------------------|--------------|--------------|--------------|----------------|---------------|
| | Q1 | Q2 | Q3 | Q4 | Q5 | | |
| Bute | 2625 | 1444 | 601 | 671 | 788 | 66% | |
| Cowal | 3732 | 6254 | 3746 | 544 | 0 | 70% | |
| H&L | 3569 | 2718 | 844 | 5139 | 14151 | 24% | |
| Islay, Jura, Colonsay | 0 | 683 | 2342 | 340 | 0 | 20% | |
| Kintyre | 2465 | 2396 | 1286 | 784 | 660 | 64% | |
| Oban, Lorn and Isles | 2953 | 613 | 4621 | 5671 | 2536 | 22% | |
| Mid Argyll | 0 | 1345 | 1994 | 5214 | 584 | 15% | |
| Mull, Iona, Coll, Tiree | 0 | 810 | 1994 | 0 | 1013 | 21% | |
| Argyll and Bute | 15344 | 16263 | 17428 | 18363 | 19732 | 36% | |

Source: 2016 population estimates, National Records of Scotland and Scottish Index of Multiple Deprivation 2016.

Key points:

Population size

- Argyll and Bute has a higher proportion of older people than Scotland as a whole with 10.7% of the population aged 75 and over.
- Bute, Cowal and Kintyre have the highest proportions of people aged 75+
- 42% of the population of Argyll and Bute live in Remote Rural areas. However, in Islay and Jura, Mull, Iona, Coll, Tiree and Colonsay and Mid-Argyll, 100% of the population live in Remote Rural areas
- Helensburgh is the only urban area in Argyll and Bute. Dunoon, Rothesay, Campbeltown and Oban are classified as Small Towns.
- Younger adults (under 45) and children, and those aged 85+ are more likely to live in towns or urban areas than older adults.

Population projections

- The principle projections presented are based on current trends and do not take into account policy changes that might lead to different future population sizes.
- Overall, the population of Argyll and Bute is projected to decline between 2017 and 2022 and 2027 (5 and 10 year projections).
- The population of those aged 75+ is projected to increase from 2017 levels by 3500 people (11 %) by 2022 and by 7200 people (22 %) by 2027.
- The number of people aged 65-74 is projected to change by no more than 2% over the next 10 years.
- The population aged 45-64 is projected to decrease by 3600 people (14%) over the next 10 years.
- Local area projections are more likely to be unreliable due to small populations and because they are based on older trend data. However, broad conclusions may be drawn.
- All local areas are projected to have an increase in the number of people aged 75+
- Oban, Lorn and the Inner Isles and Mull, Iona, Coll and Tiree are the only local areas projected to have an overall increase in population. Decreases in the number of people aged under 65 are projected to be lower in these areas.

Deprivation

- Helensburgh and Lomond is the only area in Argyll and Bute with areas in the least deprived in Scotland
- Areas within the 20% most deprived in Scotland, or in Argyll and Bute, are in the towns in Argyll and Bute. Deprivation in rural areas is less likely to be highlighted within SIMD as these areas are more socioeconomically mixed (or heterogeneous).
- Bute, Cowal and Kintyre have high proportions of people within the most deprived 40% in Argyll and Bute.

10. Overview of the health of the population of Argyll and Bute

Overall, average life expectancy in Argyll and Bute is higher than average life expectancy in Scotland as a whole. This is consistent with the lower proportion of deprived areas within Argyll and Bute compared to Scotland as a whole.

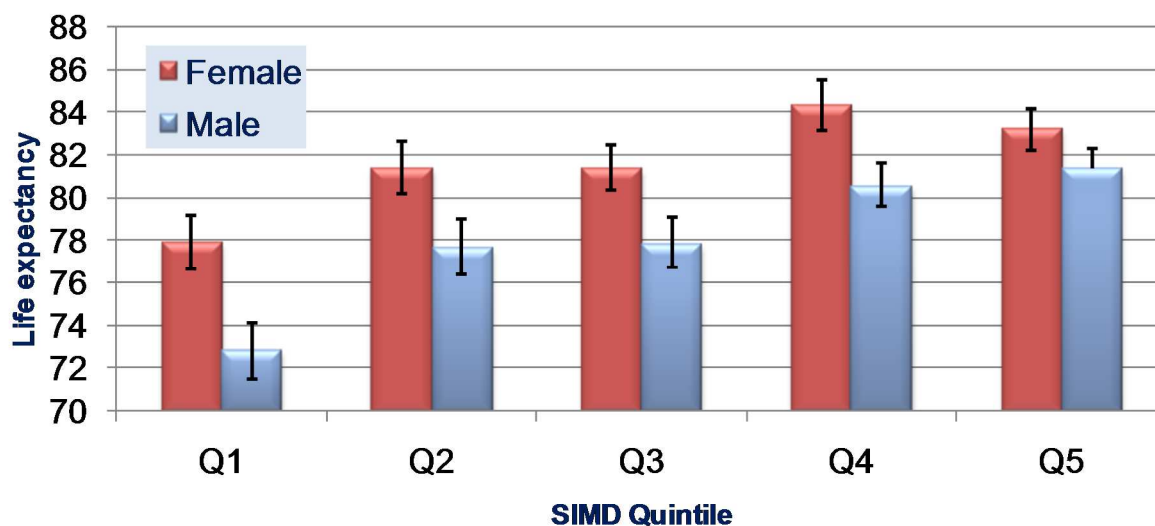
10.1 Life expectancy in years (2013-15)

| Area | Male | Female |
|-----------------|------|--------|
| Argyll and Bute | 78.2 | 82.2 |
| Scotland | 77.1 | 81.1 |

Source: National Records of Scotland

Life expectancy is lower for males and is lower in areas that have higher levels of multiple deprivation. The chart below shows life expectancy by SIMD quintile within Argyll and Bute (based on approximately 20% of the Argyll and Bute population in each quintile).

10.2 Argyll and Bute Life Expectancy by within Scotland SIMD quintile

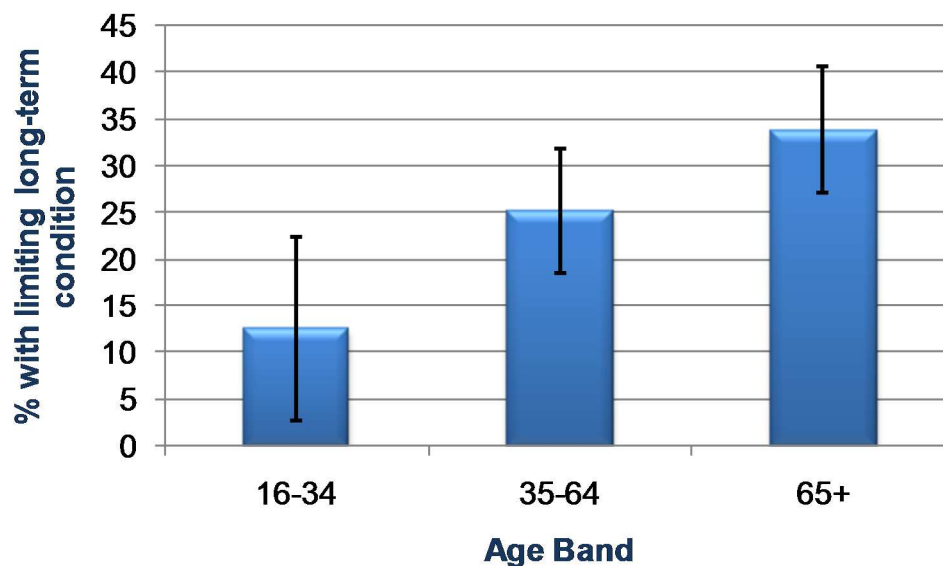


Source: ScotPHO deprivation profiles Life expectancy: 2011

Life expectancy has increased over time. With greater survival from conditions, people are increasingly living with one or more long-term condition. The percentage of people in Argyll and Bute with a limiting, long-term mental or physical health condition is estimated using Scottish Survey

Core Question results. Around a third of people age 65+ in Argyll and Bute have a long-term condition that limits them in some way.

10.3 Percentage of people with limiting long-term conditions by age band



Source: 2015 Scottish Survey Core Questions. Statistics.gov.scot

The types of disability that people were living with was questioned in the 2011 census. This found that 32% of people have one or more condition, but that this was much higher in the oldest age bands with 86% of people aged 85 and over having one or more conditions. Some conditions are less prevalent in older people: learning disability, learning difficulty and developmental disorder. Others are more prevalent in older people. The larger proportion of Mental health conditions in those 85+ compared to other age groups is likely to reflect dementia.

The number of people with a long term health condition aged under 65 was 15,781 whereas the number of people aged 65 and over with a long term health condition was lower at 12,095. Although the proportion of people having a long term health condition is higher in the oldest age groups, the absolute number of people under 65 with a long term health condition is higher.

10.4 Percentage of people by with different disabilities, by age band

| Condition | 0 to 15 | 16 to 24 | 25 to 34 | 35 to 49 | 50 to 64 | 65 to 74 | 75 to 84 | 85 + | Total |
|---|---------|----------|----------|----------|----------|----------|----------|------|-------|
| All people | 14435 | 8439 | 8021 | 17886 | 20049 | 10761 | 6243 | 2332 | 88166 |
| One or more conditions | 10% | 15% | 17% | 23% | 38% | 53% | 70% | 86% | 32% |
| Deafness or partial hearing loss | 1% | 1% | 1% | 3% | 7% | 16% | 30% | 49% | 8% |
| Blindness or partial sight loss | 0% | 1% | 1% | 1% | 2% | 4% | 11% | 25% | 3% |
| Learning disability | 0% | 1% | 1% | 0% | 0% | 0% | 0% | 0% | 0% |
| Learning difficulty | 3% | 5% | 3% | 2% | 1% | 1% | 1% | 0% | 2% |
| Developmental disorder | 2% | 1% | 0% | 0% | 0% | 0% | 0% | 0% | 1% |
| Physical disability | 1% | 1% | 2% | 3% | 8% | 12% | 21% | 35% | 7% |
| Mental health condition | 0% | 2% | 4% | 5% | 4% | 3% | 4% | 10% | 4% |
| Other condition | 5% | 6% | 9% | 14% | 27% | 37% | 41% | 40% | 20% |

Source: Census 2011, National Records of Scotland

The proportion of the population in the older age bands has increased since the 2011 census. The rates of disabilities were applied to the number of people estimated to be in each age band in 2016. This indicates that the number of people with the conditions that are most prevalent in the older age groups (deafness or partial hearing, blindness or partial sight, physical disability and other conditions) has increased. These rates were also applied to the 2027 population projection. Comparison between this and the number of people estimated to have different disabilities in 2016 is shown below (Table 10.5). Caution should be used when interpreting these figures as they are based on population projections with underlying assumptions of births, death and migration that may be different to the future rates. Overall, the number of people with one or more conditions is projected to increase, by 1500 people. There are projected to be increases in the number of people with deafness or partial hearing loss, blindness or partial sight, physical disability and mental health conditions, particularly for people aged 65 and older. Some of this increase will be due to younger people already with conditions moving in to the next age band. However, in many cases the increase will represent development of new conditions. In addition, as people age, they will be more likely to need support to manage their conditions indicating a likely increase in need for support in the next 10 years, including in specialist housing. Although there is a decrease in the number of younger people with long-term conditions, there will still be people newly diagnosed, and those transitioning to adulthood who will need specialist housing. It is likely that the majority of demand for specialist housing provision will occur in the older age groups.

10.4 Projection of the change in the number of people with different disabilities from 2016 to 2027

| Difference between 2027 and 2016 | 0 to 15 | 16 to 24 | 25 to 34 | 35 to 49 | 50 to 64 | 65 to 74 | 75 to 84 | 85 and over | Total |
|---|---------|----------|----------|----------|----------|----------|----------|-------------|-------|
| All people | -987 | -1708 | -593 | -2447 | -1782 | 450 | 2609 | 1337 | -3121 |
| One or more conditions | -102 | -249 | -102 | -554 | -679 | 240 | 1820 | 1145 | 1520 |
| Deafness or partial hearing loss | -6 | -13 | -8 | -68 | -126 | 72 | 789 | 650 | 1289 |
| Blindness or partial sight loss | -4 | -11 | -5 | -22 | -37 | 18 | 281 | 328 | 548 |
| Learning disability | -4 | -12 | -4 | -12 | -7 | 1 | 4 | 1 | -33 |
| Learning difficulty | -30 | -91 | -20 | -46 | -22 | 3 | 13 | 3 | -189 |
| Developmental disorder | -18 | -24 | -2 | -5 | -2 | 0 | 1 | 1 | -48 |
| Physical disability | -7 | -21 | -10 | -81 | -142 | 56 | 552 | 463 | 812 |
| Mental health condition | -4 | -35 | -26 | -122 | -79 | 12 | 107 | 129 | -18 |
| Other condition | -53 | -109 | -51 | -352 | -485 | 166 | 1065 | 539 | 719 |

Source: Census 2011 and 2014 population projections, National Records of Scotland

National data, also available for Highland healthboard, projects that the numbers of people living with certain long-term conditions will increase. This is not only due to the increase in the numbers of older people, but also due to increases in the prevalence of these conditions in younger adults. It is common for people to be living with more than one long-term condition, known as multimorbidity. It has been demonstrated, for Scotland as a whole, that, although the proportion of the population experiencing multimorbidity increases as age increases, there are more people under 65 living with multiple long-term conditions (multimorbidity) than those aged 65 and over. Multimorbidity is more likely to happen at a younger age in the most deprived areas.

Key points:

- Overall, indicators of health and wellbeing are generally better for Argyll and Bute than Scotland as a whole, consistent with a lower proportion of areas in Argyll and Bute within the most deprived in Scotland
- Inequalities in Health exist in Argyll and Bute; Males and those living in deprived areas have lower average life expectancy than females and those in less deprived areas.
- Older people are more likely to have long-term health conditions which limit their life to some degree.
- There are more people with a long term health condition under 65 than aged 65 and over.

- There are likely to be increases in the number of people living with disabilities in Argyll and Bute, over the next 10 years, as the number of older people increases. In total, this could be an additional 1500 people with one or more condition.
- Deafness and partial hearing loss, Blindness and partial sight loss, and Physical disabilities (as well as other disabilities) are most likely to increase. There could be an additional 800 people living with a physical disability, but an increase of 1000 people in the 75+ age band.
- There is likely to be an additional 240 people aged 75+ with a mental health condition. The most common condition in this group is likely to be dementia.

11. Health conditions and housing needs

Children with a disability

Disability Living Allowance can be claimed for children under 16. There are two components available: a care award and a mobility award.

11.1 DLA components for children under 16

| Component | Level | Description |
|-----------|--------------|--|
| Care | lowest rate | help for some of the day or night |
| | middle rate | frequent help or constant supervision during the day, supervision at night or someone to help while they're on dialysis |
| | highest rate | help or supervision throughout both day and night, or they're terminally ill |
| Mobility | lowest rate | they can walk but need help and or supervision when outdoors |
| | highest rate | they can't walk, can only walk a short distance without severe discomfort, could become very ill if they try to walk or they're blind, severely sight impaired |

Source: Department of Work and Pensions

450 children aged 0-15 were eligible for DLA in February 2017, 3.4% of the 2016 population estimate. The number of children eligible for DLA has increased since 2011 when the rate claiming DLA was around 2.6%, with increases particularly within those aged 5-10, possibly reflecting higher uptake of the benefit, as the overall population size decreased over the same period. Around 200 children eligible were aged 5-10 and 200 aged 11-15. The most common main disabling conditions were Learning difficulties and Hyperkinetic Syndrome (ADHD). Note that DWP alters figures slightly to prevent disclosure of small numbers and, as such, the exact numbers, especially where small, should be interpreted with caution.

All children eligible at February 2017 received the care component and 67% also had the mobility component, 12% (56 children) of the total at the higher rate and 54% (245 children) on the lower rate. 38% (171 children) have the highest care component and 54% (248 children) with the middle care component.

11.2 Number of children eligible for DLA in February 2017 by main disabling condition: Number and % of total.

| Main disabling condition | People age 0-15 eligible for DLA | |
|---|----------------------------------|-----|
| | Number | % |
| Learning Difficulties | 208 | 46% |
| Hyperkinetic Syndrome | 48 | 11% |
| Behavioral Disorder | 34 | 8% |
| Diabetes Mellitus | 23 | 5% |
| Neurological Diseases | 18 | 4% |
| Disease Of The Muscles, Bones or Joints | 13 | 3% |
| Skin Disease | 13 | 3% |
| Deafness | 8 | 2% |
| Cystic Fibrosis | 7 | 2% |
| Renal Disorders | 7 | 2% |
| Severely Mentally impaired | 6 | 1% |
| Arthritis | 5 | 1% |
| Chest Disease | 5 | 1% |
| Unknown/Transfer from AA | 29 | 6% |

Source: Department for Work and Pensions

It is not known how many of these children require specialist housing. They are likely to be cared for by their families, in some cases with support. Adaptations to houses may be beneficial, especially for older children. Those on the higher mobility rate (60 children) are most likely to need wheelchair support. Over ten years, most of the children in this age band will move out of the age band. Therefore, it can be expected that many children eligible for DLA will be newly moved into this age group. In addition, as children age, support needs are likely to change suggesting that there may be new needs for most of these households.

Overall, the population age 0-15 is projected to decrease by 7% over 10 years. The exception to this is in Oban, Lorn and the Isles and Kintyre where the population is projected to increase by 10% (280 children) and 4% (70 children), respectively. In addition, the number of children in Helensburgh and Lomond may increase depending on the expansion of HMNB Clyde. Although the priority in the SHIP is towards smaller properties, families with children with disabilities are likely to need larger homes. It is difficult to estimate numbers of households that will require specialist accommodation, or adaptations, from these figures but it is likely that need for any new accommodation is most likely to be in Oban, Lorn and Isles, which will see the greatest increase in the population aged 0-15. Adaptations to family homes may be required in any part of Argyll and Bute. This is likely to be a small proportion of the total need for specialist provision.

Transition from child to adulthood

There is a Disabilities Transition Group, previously chaired by Allen Stephenson (Adults Services East) that meets to discuss requirements of children transitioning from children's services to adult services. These include children who are moving from specialist education placements that are out of the area and coming back to live in Argyll and Bute. Children transitioning from child to adulthood may not leave home and their care and housing needs may not change at this point but at some point in the future. It is therefore difficult to predict future need for housing.

Adults with Learning Disabilities

There were 374 adults known to be living in Argyll with learning disabilities as reported by Scottish Commission for Learning Disability (Scottish Commission for Learning Disability, 2015). 17% of adults identified with learning disabilities have an Autism Spectrum diagnosis. Adults with learning disabilities are more likely to need some form of specialist accommodation. 29% were in supported accommodation and 10% in an adult care home. 57% live in mainstream accommodation and, of those in mainstream accommodation, 53% receive support. 35% of adults with a learning disability live with a family carer. The majority (85%) of adults with a learning disability were under 65; the total number of people living with a learning disability in Argyll and Bute is likely to decrease. However, as the overall numbers are small, there may be increases within local areas.

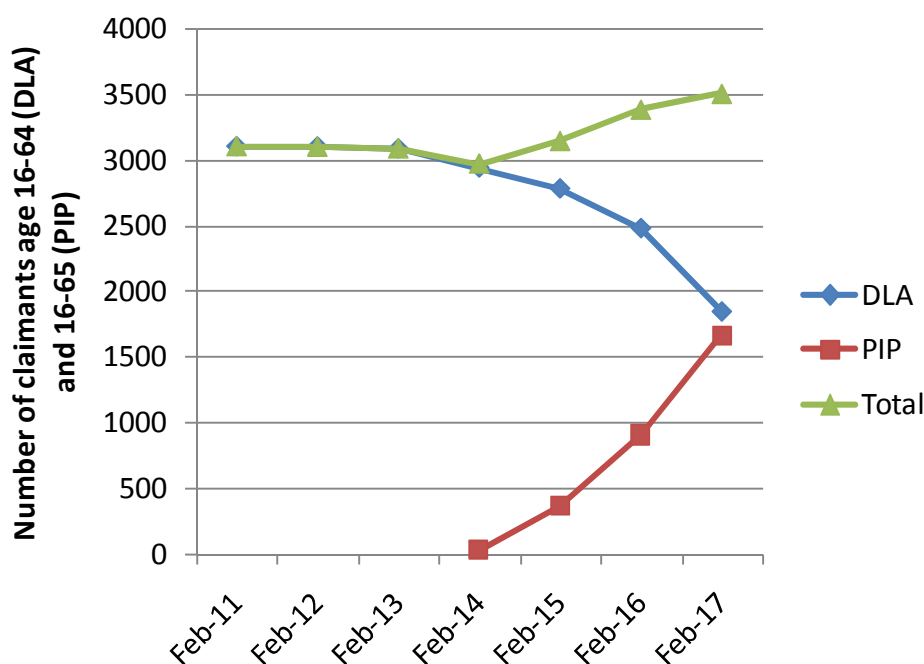
Disability Living Allowance (DLA) and Personal Independence Payments (PIP): Adults aged 16-64

People can receive adults DLA if they are aged 16-64 and they need:

- need help looking after yourself (the 'care component')
 - Help for some of the day or with preparing cooked meals (Lowest)
 - Frequent help or constant supervision during the day, supervision at night or someone to help you while on dialysis (Middle)
 - Help or supervision throughout both day and night, or you're terminally ill (Highest)
- have walking difficulties (the 'mobility component')
 - Guidance or supervision outdoors (lower component)
 - You have any other, more severe, walking difficulty (higher component)

People may continue to receive DLA if they are over 65 and already receive DLA. DLA is being replaced with Personal Independence Payments (PIP). The numbers of people claiming DLA has therefore decreased over time.

11.3 Number of people age 16-64 claiming DLA and PIP over the past 7 years



Source: Department of Work and Pensions Stats Xplore. Note that DWP alters figures slightly to prevent disclosure of small numbers and, as such, the exact numbers, especially where small, should be interpreted with caution. PIP: Number receiving payment. DLA: Numbers eligible to receive payments.

83% of those aged 16-64 and eligible to receive DLA at February 2017 were receiving payments for both care and mobility components. 67% of PIP claimants aged 16-65 were claiming both care and mobility components. Of those receiving the mobility component around half those eligible for DLA (880 people) received the higher component and 820 the lower component. This was similar for PIP (630 had the enhanced mobility component and 550 the standard mobility component). 500 people had the DLA highest care component, 690 people have the middle DLA care component and 470 the lower DLA care component. Only two care components are available for PIP with 860 people aged 16-65 obtaining the enhanced component and 710 the standard component. The number of people under 65 receiving Home Care, at around 70 people, is much lower than the number eligible for DLA.

Within the 16-64 age range, 67% of people eligible for DLA are aged 45-64. The most common conditions experienced are shown below.

11.4 Number and % of total people age 16-64 claiming DLA at February 2017

| People age 16-64 eligible for DLA February 2017 | | |
|---|--------|---------------|
| Main Disabling Condition | Number | % of eligible |
| Learning Difficulties | 286 | 16% |
| Psychosis | 277 | 16% |
| Arthritis | 182 | 10% |
| Psychoneurosis | 159 | 9% |
| Neurological Diseases | 111 | 6% |
| Disease Of The Muscles, Bones or Joints | 87 | 5% |
| Multiple Sclerosis | 84 | 5% |
| Back Pain - Other / Precise Diagnosis not Specified | 73 | 4% |
| Epilepsy | 57 | 3% |
| Chronic Pain Syndromes | 54 | 3% |
| Blindness | 47 | 3% |
| Cerebrovascular Disease | 40 | 2% |
| Unknown/Transfer from AA | 32 | 2% |

Source: Department of Work and Pensions Stats Xplore . Note that DWP alters figures slightly to prevent disclosure of small numbers and, as such, the exact numbers, especially where small, should be interpreted with caution. Conditions account for less than 2% of people are not shown.

Within the 16-65 age range, 66% of people claiming PIP are aged 45-65. The most common conditions experienced are shown below.

11.4 Number and % of total people age 16-65 claiming PIP at February 2017

| People age 16-65 claiming PIP February 2017 | | |
|--|--------|----------------|
| Disability | Number | % of claimants |
| Mixed anxiety and depressive disorders | 169 | 10% |
| Osteoarthritis | 119 | 7% |
| Mood disorders | 114 | 7% |
| Chronic pain syndromes | 98 | 6% |
| Inflammatory arthritis | 84 | 5% |
| Psychotic disorders | 82 | 5% |
| Chronic obstructive pulmonary disease (chronic bronchitis/emphysema) | 76 | 5% |
| Learning disability global | 74 | 4% |
| Autistic spectrum disorders | 63 | 4% |
| Multiple sclerosis | 55 | 3% |
| Specific back pain | 52 | 3% |
| Cerebrovascular disease | 51 | 3% |
| Stress reactions | 39 | 2% |
| Anxiety disorders | 34 | 2% |
| Substance (mis) use disorders | 27 | 2% |
| Cancer of breast | 25 | 2% |

Source: Department of Work and Pensions Stats Xplore . Note that DWP alters figures slightly to prevent disclosure of small numbers and, as such, the exact numbers, especially where small, should be interpreted with caution. Conditions account for less than 2% of people are not shown.

Conditions are classified differently in the DLA and PIP data but the high prevalence of learning disabilities, mental health conditions and arthritis are common to both sets of data.

Disability benefits for those 65+

Those newly claiming benefits for disability and aged 65+ are eligible for Attendance Allowance (AA). Those already claiming DLA or PIP may continue to claim these instead. There were 170 claiming PIP at February 2017, a relatively small number as this benefit has been introduced relatively recently. 1370 people aged 65+ continued to be eligible for DLA at February 2017. 3100 were eligible for AA at February 2017, giving 4640 people age 65+ claiming one of the disability benefits. This is considerably higher than the number receiving Home Care (1020 people).

75% of those 65+ receiving DLA have both care and mobility components. 80% of those receiving the mobility component (1010 people) have the higher rate. Approximately 400 people receive each of the high and middle care components with 340 having the lower care component. The main disabling conditions experienced are shown below. Arthritis is the most common condition in those 65+ claiming DLA.

11.5 Number of people age 65+ eligible for DLA at February 2017 by main disabling condition

| People age 65+ eligible for DLA February 2017 | | |
|---|--------|------------|
| Main disabling condition | Number | % eligible |
| Arthritis | 398 | 29% |
| Heart Disease | 92 | 7% |
| Cerebrovascular Disease | 82 | 6% |
| Disease Of The Muscles, Bones or Joints | 76 | 6% |
| Psychoneurosis | 64 | 5% |
| Psychosis | 62 | 5% |
| Chest Disease | 60 | 4% |
| Blindness | 53 | 4% |
| Back Pain - Other / Precise Diagnosis not Specified | 48 | 4% |
| Neurological Diseases | 41 | 3% |
| Multiple Sclerosis | 39 | 3% |
| Learning Difficulties | 38 | 3% |
| Malignant Disease | 34 | 2% |
| Unknown/Transfer from AA | 30 | 2% |
| Spondylosis | 28 | 2% |
| Trauma to Limbs | 26 | 2% |
| Chronic Pain Syndromes | 26 | 2% |
| Epilepsy | 24 | 2% |

Source: Department of Work and Pensions Stats Xplore . Note that DWP alters figures slightly to prevent disclosure of small numbers and, as such, the exact numbers, especially where small, should be interpreted with caution. Conditions accounting for less than 2% of people are not shown.

For those eligible for AA, almost half (49%) are aged 80-89 and 85% are aged 75+. It is possible to receive free personal care at home as well as AA. However, if you are in a Care Home and receive free personal care, you cannot claim AA, therefore most people claiming AA will be living in the community. 63% of those eligible for AA are at the higher rate of care.

People receive Attendance allowance at one of two rates:

- Higher Rate: Help or supervision throughout both day and night, or you're terminally ill
- Lower Rate: Frequent help or constant supervision during the day, or supervision at night

The main disabling conditions for those eligible for AA are shown below. Arthritis is the most common main disabling condition and Dementia is the second most common reason. There are more physical conditions in the most common reasons for being eligible for AA than for other disability benefits; other than dementia, mental health conditions form a lower proportion of those claiming AA. Those with learning difficulties and mental health conditions in this age group are more likely to claim DLA, probably because they have claimed DLA when they were aged under 65. This age group are more likely to need adaptations to live at home. The need for this is likely to increase.

11.6 Number of people age 65+ eligible for AA at February 2017 by main disabling condition

| People age 65+ eligible for AA. February 2017 | | |
|--|--------|---------------|
| Main disabling condition | Number | % of eligible |
| Arthritis | 902 | 29% |
| Dementia | 382 | 12% |
| Heart Disease | 229 | 7% |
| Disease Of The Muscles, Bones or Joints | 189 | 6% |
| Cerebrovascular Disease | 180 | 6% |
| Chest Disease | 154 | 5% |
| Blindness | 119 | 4% |
| Back Pain - Other / Precise Diagnosis not Specified | 116 | 4% |
| Malignant Disease | 113 | 4% |
| Parkinsons Disease | 90 | 3% |
| Unknown | 71 | 2% |
| Cognitive disorder - other / precise diagnosis not specified | 60 | 2% |
| Terminally Ill | 58 | 2% |
| Neurological Diseases | 56 | 2% |

Source: *Department of Work and Pensions Stats Xplore* . Note that DWP alters figures slightly to prevent disclosure of small numbers and, as such, the exact numbers, especially where small, should be interpreted with caution. Conditions account for less than 2% of people are not shown.

Overall numbers of people claiming disability benefits

Overall numbers of people claiming or eligible for disability benefits are shown in the table below. There are almost as many (500 less) people claiming a disability benefit aged under 65 as 65 and over. As the overall population decreases but the number of older people increases, it is expected that the greatest increases in disability claimants will be in the older age groups. These people are more likely to need specialist housing. However, there will still be need for adaptations to housing (and other specialist provision) for those under 65. Table 11.7 also summarises the number of people claiming the highest mobility component of each benefit. The total are higher than the number of people with wheelchairs in Argyll and Bute (1320 people, see section 13).

11.7 Number of people receiving or claiming different disability benefits.

| Age Band | Benefit | Total number of people | | Number claiming highest mobility rate | | | |
|----------|---------|------------------------|------|---------------------------------------|------|------|------|
| 0-15 | DLA | 450 | 450 | 3960 | 60 | 60 | 1570 |
| 16-64 | DLA | 1850 | 3510 | | 880 | 1510 | |
| 16-65 | PIP | 1660 | | 630 | | | |
| 65+ | DLA | 1370 | 4640 | 4640 | 1010 | 1110 | 1110 |
| 66+ | PIP | 170 | | | 100 | | |
| 65+ | AA | 3100 | | | - | | |

Resettlement of people with Care packages outside of Argyll and Bute

Gordon Murray (Business transformation officer) is responsible for investigating the resettlement of people with complex health and social care needs that have care packages outside of Argyll and Bute, but are paid for by Argyll and Bute HSCP.

These people include those who

- may be severely autistic
- may have Learning disabilities
- may have acquired brain injury

Needs for these people include housing and care requirements:

- Appropriate housing
 - Specially adapted
 - Sound proofing?
 - Heavy furniture to prevent harm?
 - Appropriate environment
- Appropriate specialist care packages
 - Maybe 24/7

Autism

People with autism may have specialist housing requirements. Currently, there are people with severe autism are cared for outside of Argyll and Bute due to lack of suitable accommodation and care within Argyll and Bute.

Dementia

GP practices in Argyll and Bute had 801 registered patients with a diagnosis of dementia in 2015/16. Using prevalence estimates for early and late onset dementia from Alzheimer's Society, it can be estimated that 1458 people are living in Argyll and Bute with dementia, 1442 will be late onset dementia, in people aged 60+. Alzheimer's Society estimates that 55.4% of people with late onset dementia have 'mild dementia', 32.1% have 'moderate dementia' and 12.5% have 'severe dementia', this equates to an estimated 643 people with severe or moderate dementia. It is likely that many people with mild dementia are undiagnosed and are therefore unlikely to be receiving support or planning for future housing needs. Estimated number of people with dementia and the number registered at GP practices are shown below.

11.8 Estimated Dementia prevalence (2016)

| Local Area | Estimated Dementia prevalence (2016) | | | | | GP registered (2015-16) | Estimate of % diagnosed |
|-------------------------|--------------------------------------|------------------|------------|------------|------------|-------------------------|-------------------------|
| | Total | Total late onset | Mild | Moderate | Severe | | |
| Bute | 130 | 129 | 72 | 41 | 16 | 84 | 64% |
| Cowal | 289 | 286 | 158 | 92 | 36 | 148 | 51% |
| H&L | 385 | 380 | 211 | 122 | 48 | 215 | 56% |
| Islay, Jura | 59 | 59 | 32 | 19 | 7 | 25 | 42% |
| Kintyre | 143 | 141 | 78 | 45 | 18 | 91 | 64% |
| Oban, Lorn & Isles | 242 | 239 | 132 | 77 | 30 | 163 | 67% |
| Mid Argyll | 147 | 145 | 80 | 46 | 18 | 49 | 33% |
| Mull, Iona, Coll, Tiree | 64 | 63 | 35 | 20 | 8 | 26 | 41% |
| Argyll and Bute | 1458 | 1442 | 799 | 463 | 180 | 801 | 55% |

Source: GP QOF registers: NHS National Services Scotland, 2016 Mid-year population estimates: National records of Scotland. Dementia prevalence estimates: Alzheimer's Society, Dementia UK update, 2014.

The number of people diagnosed with dementia seems low in Mid-Argyll, Mull, Iona, Coll and Tiree, Islay and Jura. Note that there are many reasons why this may be the case, other than simply low rates of diagnosis. The relatively low sizes of GP registers in these areas could be explained by people with severe dementia leaving these small areas for appropriate care. Using the 2014 population projections and expected dementia rate, the number of people with dementia in the future was projected. There may be 463 more people with dementia living in Argyll and Bute in 2027 compared to 2017. However, if diagnosis rates remain around 55%, this may equate to 250 extra people diagnosed with dementia. It is likely that additional people with severe and moderate dementia will be diagnosed. This could be an additional 200 people with dementia living in Argyll and Bute. These people are likely to need specialist care and specialist housing provision, although this may be in their own homes.

11.9 Projected number of people with dementia

| | | Estimated number | Increase from 2017 | |
|-------------------|-----------------|------------------|--------------------|------|
| | | 2017 | 2022 | 2027 |
| All types | Total | 1538 | 210 | 461 |
| | Total | 1522 | 210 | 463 |
| Late onset | Mild | 843 | 117 | 257 |
| | Moderate | 489 | 68 | 149 |
| | Severe | 190 | 26 | 58 |

Source: Alzheimer’s Society dementia prevalence estimates, 2014-based population projections from National Records of Scotland.

Recommendations for housing and dementia have been published (Best & Porteus, 2012). The report *Dementia: Finding Housing solutions* states that overall a third of people with dementia live in care homes (National Housing Federation, 2013). Many people with dementia will live in their own homes, some alone, and many will wish to stay in their own home. Early diagnosis and adaptations can support people with dementia to live in their own homes. The report also lists top ten suggested housing adaptations to support people living with dementia:

- Double the usual levels of lighting in the home.
- Pay attention to acoustics and reduce noise pollution.
- Ensure there is good signage mounted low enough for poor eyesight.
- Use contrast of colour or tone to make switches and objects easily visible.
- Use objects or pictures rather than colours to differentiate different parts of the building.
- Ensure that people can see important rooms such as the toilet, that furniture and fittings give strong clues to the purpose of the room and that there are clear signs.
- Ensure that kitchens and bathrooms are easy to understand.
- Avoid new designs for things such as taps or kettles.
- Place illuminated clocks in each room indicating whether it is a.m or p.m.
- All doors should be visible on entering the dwelling.
- Cupboards should be glass fronted or open.

Source: *Dementia: Finding Housing solutions*

The report also recommends three ways in which the HSCP and Housing colleagues can improve the experiences of those living with dementia:

- Recognise the role of housing in improving the lives of people with Dementia
- Create partnerships to integrate housing, care and support
- Work with housing providers to drive up the diagnosis rates of dementia

The following 5 pillar model of post diagnostic support and 8 pillar model of community support are recommended (Johnston, 2017).

5 pillar model of post diagnostic support

- Peer support
- Planning for future care
- Understanding the illness and managing symptoms
- Planning for future decision-making
- Supporting community connections

Everyone is entitled to a minimum of one year's post-diagnostic support. This is to provide the security of a named person to work alongside people affected by dementia, their partners and family to ensure they are given the help and support to work through the five pillars. The focus is on adjusting and managing the likely impact of the illness, both emotionally and practically so they are in the best possible position to manage their symptoms and the practicalities with access to low-level forms of support and signposting until their condition progresses to a point where they begin to need services. By the end of the year, it is expected that some individuals might require ongoing professional support. The purpose of the post-diagnostic support is to enable the individual and their family to develop a robust personal plan, incorporating informal support, maintaining newly developed peer support and developing new community connections to sustain living well and independence for as long as possible. There is no specific role for housing interventions within the 5 Pillars Model.

8 Pillars Model of Community Support

- Dementia Practice Coordinator
- Support for Carers
- Personalised Support
- Community Connections
- Environment
- Mental Health Care and Treatment

- General health Care and Treatment
- Therapeutic Interventions to Tackle Symptoms of the Illness

This is a framework for delivering a long term approach to integrated dementia care in a community setting. It can be used as a follow on from the 5 Pillars Model. It can also be implemented sooner for those people who are diagnosed at a later stage with dementia or where the condition progresses rapidly, meaning that the 5 Pillars approach is less suitable. It aims to build the resilience of people affected by dementia and their carers to enable them to live in the community for as long as possible. It also builds on the post-diagnostic support guarantee, to ensure the impact of the investment in early intervention is not lost. Housing is an essential component under Pillar 7, 'Environment' with the focus on adaptations, aids, design and assistive technology to maintain the independence of those living with dementia and assist their carers.

Multiple Sclerosis

Multiple Sclerosis (MS) is one of the main causes of wheelchair use in adults age 45-74. However, not all people diagnosed with MS will need to use a wheelchair. Cheryl Howe, MS and Parkinson's Specialist Nurse (cherylhowe@nhs.net), estimated that less than 5 people in each locality may need specialist housing for wheelchair use in the foreseeable future. It is difficult to predict exactly when and where this housing will be needed. Closer links between HSCP and housing staff can help to plan for future housing needs for identified individuals.

Mental Health

People with mental health conditions may require specialist housing and support and this is likely to be a cause of need for specialist housing in younger adults. Numbers requiring support are likely to be relatively low and it is difficult to predict where and when need may exist.

Older adults and Frailty

It is strategic direction of the Scottish Government (Scottish Government, 2011) and the HSCP to enable people to live in their own homes. The increasing numbers of older people in Argyll and Bute are likely to be the most significant source of need for specialist housing and adaptations including need for wheelchair accessible housing and supported housing options. Social isolation and loneliness are sources of poor health and, in a recent Public Health report for NHS Highland (NHS Highland Director of Public Health, 2016), it was estimated that 67% of those aged 65+ feel lonely to

some extent and 8% experience intense loneliness. There is also a need for people to have housing that enables them to interact with others in the community in which they live.

Key points:

Children

- 450 children are eligible for DLA in Argyll and Bute.
- Learning Difficulties and ADHD are the most common reasons for claiming DLA in children.
- Around 60 children claim DLA at the higher mobility component.
- There is likely to be continued demand from new families requiring support despite the overall projected decrease in the number of children. It is difficult to project where these people will be within Argyll and Bute.
- The number of children may increase in some local areas (Oban, Kintyre and possibly in Helensburgh).
- Families with disabled children requiring housing adaptations may have different requirements to (particularly older) adults, requiring larger housing and adaptations specific to their conditions.

Adults with Learning Disabilities

- There are 370 adults with Learning Disability in Argyll and Bute.
- Adults with Learning Disabilities are more likely to require specialist accommodation. (29% live in supported accommodation and 10% in adult care homes.)
- The majority of adults with learning disabilities are under 65 and numbers are not likely to increase over the next 10 years.
- Children transitioning to adulthood or adults moving out of family homes are likely to represent new need for housing. It is difficult to predict exactly where and when specialist housing will be required as this transition may occur at different points for different individuals. However, current need should be known.

Adults aged 16-64

- The number of adults 16-64 claiming disability benefits (around 3500) is high compared to the number living in supported accommodation or receiving Home Care.
- Adults aged 16-64 are most likely to claim disability benefits for Learning Disabilities and for mental health conditions e.g. Psychosis and Mixed anxiety and depressive disorders.
- Physical conditions e.g. arthritis, Chronic pain syndromes, COPD, Multiple sclerosis and back pain are also common reasons for claiming disability benefits.
- 880 people were eligible for the highest mobility component of DLA and 630 were receiving the highest mobility component of PIP.
- Overall the number of people aged 16-64 claiming disability benefits is likely to decrease.

Key points:

Adults aged 65+

- 4700 people aged 65+ are estimated to claim a disability benefit.
- Arthritis is the most common reason for claiming DLA or AA: 1300 people in total
- Dementia is the second most common reason for claiming AA (380 people).
- Mental health conditions (excluding dementia) are less likely to be the main reason for claiming disability benefits in those 65+ compared to those aged 16-64; Physical health account for a higher proportion of claims in those 65+.
- 1010 people eligible for DLA are eligible for the higher mobility component.
- The majority of people claiming Attendance Allowance (85%) are 75+ and half (49%) are aged 80-89.
- The number of people claiming disability benefits aged 65+ is likely to increase in the next 10 years.

Dementia

- There are estimated to be almost 1500 people in Argyll and Bute with dementia, with 650 with severe or moderate dementia, but only 800 are on a GP register with dementia.
- It is projected that the number of people with dementia will increase by 550 people with around 200 additional people having severe or moderate dementia.
- Those with severe dementia (estimated to be 180 people) are most likely to be in residential care (in a care home).
- Housing adaptations can support people to live in their own homes with dementia, especially if carried out early (before the dementia is moderate or severe).

Other conditions

- Small numbers of people (<5) in each locality are likely to need RSL wheelchair accessible housing due to MS in the foreseeable future.
- People with severe autism and acquired brain injury have specific care and housing requirements. There are people with these diagnoses currently housed and cared for outside of Argyll and Bute due to lack of suitable provision in Argyll and Bute.
- Older people in remote rural areas may be vulnerable to loneliness and isolation. Appropriate housing includes housing that enables people to interact with others in their community.
- People with mental health conditions may require specialist housing and support and this is likely to be a cause of need for specialist housing in younger adults. Numbers requiring support are likely to be relatively low and it is difficult to predict where and when need may exist.

12. Specialist Housing needs: Accessible and Adapted Housing

Background

Adaptations to properties can include both large and small-scale provision; ranging from minor modifications such as grab rails, up to major property extensions or remodelling work. Common adaptations can include: low level appliances, stair lifts, wet rooms, adapted doorbells, smoke alarms and so on. Ensuring the right provision can reduce the need for personal care services, as well as the need for admission to a hospital/care home, or the move to a purpose-designed property. There is strong evidence that minor home adaptations are an effective and cost-effective intervention for preventing falls and injuries, improving performance of everyday activities, and improving mental health. Minor adaptations are particularly effective at improving outcomes and reducing risk when combined with other necessary repairs and home improvements. Recent research also suggests that greatest outcomes are achieved when individuals, families and carers are closely involved in the decision-making process, focusing on individual goals and what a person wants to achieve in the home. It is difficult to quantify the overall return on investment (ROI) from home adaptations, however a recent report estimated a positive ROI of 62p for every £1 invested and a payback period of less than 8 months, in respect of preventative work for falls. It is also suggested that delays in installing adaptations can reduce their effectiveness. Research shows that low cost home modifications can lead to a 26% reduction in falls that need medical treatment and savings of £500 million each year to the NHS and social care services in the UK. It is also estimated that the average disability grant for home adaptations (in England) amounted to £7,000 (one-off payment) compared to the average residential care cost per person of £29,000 per year (Mackintosh & Leather, 2016). There is also good evidence that people can be put off installing adaptations until they reach a point of crisis, in part because they do not wish to change or “medicalise” their home (Powell, et al., 2017).

Currently, the funding streams for adaptations are tenure-specific and there are variations in the processes for delivering adaptations to RSL or private sector properties. The Council provides mandatory and discretionary grant assistance for adaptations in the private sector, primarily delivered via the Care and Repair service; whereas individual RSL adaptations are funded via a separate and central Scottish Government budget; and recently potential constraints on this budget have been highlighted in Argyll and Bute by the housing sector and local Occupational Therapists.

Private Sector Adaptations

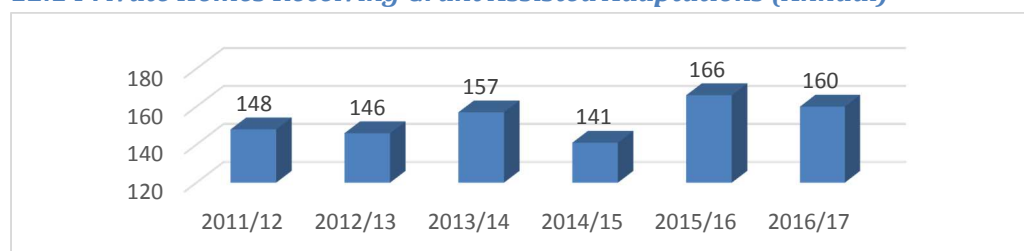
Grant assistance for the adaptation of private homes to meet the needs of disabled people is a statutory function under the Housing (Scotland) Act 2006 and since 2015 is the responsibility of the Argyll & Bute Health and Social Care Partnership under the Public Bodies (Joint Working) (Scotland) Act 2014. The service is delivered through a tripartite partnership with Occupational Therapy

services providing the specialist assessment of need; Argyll and Bute Care and Repair providing client advice and support; and the Council’s Housing Service administering the grants.

Disability is defined as a physical or mental impairment that has substantial and long term negative impact on a person’s ability to do normal daily activities, (Equalities Act 2010). As such, much of the aging population can be considered for assistance. The majority of adaptations are categorised as mandatory under the 2006 Act with minimum grant assistance of 80%, increased to 100% for households in receipt of specified benefits. Discretionary grant assistance for living accommodation extensions is awarded subject to an assessment of the home owner’s ability to pay. Grants are awarded from the Private Sector Housing Grant (PSHG) budget allocation which amounted to £1.34m in 2016/17. There were 183 installations in that year to 160 private sector properties, with total grant of £848,448.

On average, there have been around 150 private properties adapted annually in recent years (with some homes receiving multiple installations) and between 2014/15 and 2016/17 the average total annual investment from council grant was £763,270.

12.1 Private Homes Receiving Grant Assisted Adaptations (Annual)



Source: ABC Council PSHG Records/ ABC&R Statistics

The breakdown of private sector adaptations by HMA and type of installation for 2016/17 is summarised in the following tables. Note that these only include completed adaptations.

12.2 PSHG Adaptations Completed, 2016/17, by HMA (Nos & Value)

| HMA | Adaptations | % of Total | Value of Grant | % of Total Grant |
|-----------------|-------------|------------|----------------|------------------|
| Bute | 13 | 8.1% | £53,203 | 9.2% |
| Coll & Tiree | 1 | 0.6% | £360 | 0.1% |
| Cowal | 27 | 16.9% | £106,403 | 18.3% |
| H&L | 40 | 25.0% | £144,881 | 24.9% |
| I J & C | 9 | 5.6% | £35,440 | 6.1% |
| Kintyre | 9 | 5.6% | £26,562 | 4.6% |
| Lorn | 29 | 18.1% | £98,185 | 16.9% |
| Mid Argyll | 22 | 13.8% | £77,122 | 13.3% |
| Mull & Iona | 10 | 6.3% | £38,902 | 6.7% |
| Argyll and Bute | 160 | | £581,057 | |

Source: ABC Council PSHG Records 2017

12.3 PSHG Adaptations Completed, 2016/17, by type of installation.

| Adaptation | Installations |
|--------------------------------|---------------|
| Access | 25 |
| Hoist | 6 |
| Internal Bathroom Adaptation | 116 |
| Stair lift | 29 |
| Living Accommodation extension | 1 |
| Other | 6 |

Source: ABC Council PSHG Records 2017

The PSHG allocation for Argyll & Bute was reduced to £1.033m for each of the 3 years 2017 to 2020. Within that, the allocation for mandatory private sector adaptation grants is set in the council's Scheme of Assistance at £500,000 per annum, but in reality investment is prioritised according to demand. Any residual PSHG is allocated via other plans to improve housing conditions and many of these measures (such as Elimination of dampness for example) will also impact positively on health outcomes.

Occupational Therapy

Data on Occupational Therapy caseloads was provided from MiDIS community service database. The Community Health Service Data is subject to Services being available on MiDIS and on the up to date, routine recording of activity on the MiDIS System. The data shows increases in number of patients on OT caseloads up to Jul-Sep 2016. It is difficult to interpret the initial increase shown. This may reflect increased use of the MiDIS database or it may represent a genuine increase in OT caseloads over this time period. From Jul-Sep 2017 to Apr-Jun 2017 there is a decrease in caseload. This is likely to reflect incomplete recording of OT activity in more recent quarters rather than a real decrease in activity. It is likely that OT caseloads will increase over time, with increasing number of

older people and with the strategy of looking after people in their own homes. Assuming that this reflects predominantly those aged 65+, OT caseloads could increase by 8% in 5 years and 18% in 10 years. If the caseload predominantly reflect older people e.g. those 75+ or 85+, caseloads could increase by a higher proportion. Caseloads could also increase if there is a continued shift in the balance of residential and community care towards people staying in their own homes or if people are provided with earlier diagnoses and adaptations are made earlier, or both.

The Occupational Therapy Caseload data were not available broken down by type of services provided. Improvements in data recorded and reporting would be beneficial to monitoring demand for services.

12.4 OT caseload from MidDIS

| Quarter | OT caseload |
|-----------------|-------------|
| Oct 14 - Dec 14 | 2200 |
| Jan 15 - Mar 15 | 2500 |
| Apr 15 - Jun 15 | 2500 |
| Jul 15 - Sep 15 | 2600 |
| Oct 15 - Dec 15 | 2700 |
| Jan 16 - Mar 16 | 2500 |
| Apr 16 - Jun 16 | 2600 |
| Jul 16 - Sep 16 | 2700 |
| Oct 16 - Dec 16 | 2600 |
| Jan 17 - Mar 17 | 2400 |
| Apr 17 - Jun 17 | 2200 |

Source: Argyll & Bute HSCP Community Health Service Activity on MiDIS. Note that the Number of Individual Patients Supported is calculated from Active and Discharged Episodes of Care during each Year Quarter. Individual Patients can have multiple Episodes of Care. Caseload rounded to the nearest 100 people.

Care and Repair

Care and Repair are an independent charity largely funded by NHS Highland and Argyll and Bute Council. Care and Repair can conduct major adaptations or smaller pieces of work. Major adaptations include shower wet floors, shower level access, ramps and stair lifts. Note that a household may have more than one adaptation.

12.5 Care and Repair Major adaptations

| Care and Repair Major Adaptations | Q1 and 2 2017/18 | Q 1, 2 &3 2016/17 |
|-----------------------------------|------------------|-------------------|
| Closed jobs | 107 | 192 |
| Value | £357,550 | £877,451 |
| Average cost per completion | £5,417 | £4,570 |
| New referrals | 108 | 147 |
| Caseload at end | 159 | 158 |

Care and Repair also carry out Housing Support. Telecare provision is over half the referrals and the proportion is increasing.

12.6 Care and Repair Housing Support

| Housing support referrals | Q1 and 2 2017/18 |
|--------------------------------|------------------|
| Minor repairs (non chargeable) | 540 |
| Minor repairs (chargeable) | 182 |
| OT (non chargeable) | 115 |
| OT (chargeable) | 382 |
| Telecare | 1316 |

RSL Adaptations

Adaptations to social rented properties are funded from a discrete, central budget administered by the Scottish Government. In 2016/17, it is estimated that there were around 230 individual adaptations installed in over 200 housing association properties at a total investment of around £525k. The majority of the RSL tenants receiving these adaptations were disabled adults (81%) while a separate 18% were older persons. This suggests that RSL adaptations are predominantly carried out for a younger age group, perhaps reflecting lower home ownership in this group. Note that those requesting specialist RSL housing provision on the HOMEArgyll waiting list, and that would not accept general provision, are more likely to be older adults aged 60+ (73%, Section 17). There were over 180 internal adaptations (including installation of stair lifts/hoists and alterations to doors, electrics or plumbing); almost 50 external adaptations (including access doors and safety rails); and two major works involving extensions/alterations to bedrooms, kitchen and bathrooms.

The work involved properties throughout Argyll and Bute, and across all the housing associations operating in the area: ACHA, Bield, Cairn, Dunbritton, Fyne Homes, Key Housing, Blackwood, Trust and West Highland. Adaptations made to existing properties are referred to as “Stage 3”.

12.7 RSL (Stage 3) Adaptations Installations by HMA, 2016/17

| HMA | Adaptations | % of Total | Grant | % of Total |
|------------------------|-------------|------------|----------|------------|
| Bute | 19 | 8% | £60,789 | 12% |
| Cowal | 49 | 21% | £134,853 | 26% |
| Helensburgh & Lomond | 32 | 14% | £78,662 | 15% |
| Islay, Jura & Colonsay | 11 | 5% | £28,768 | 5% |
| Kintyre | 16 | 7% | £18,247 | 3% |
| Lorn | 65 | 28% | £99,469 | 19% |
| Mid Argyll | 29 | 13% | £61,669 | 12% |
| Mull & Iona | 10 | 4% | £42,548 | 8% |
| A&B total | 231 | 100% | £525,005 | 100% |

Source: Scottish Government Statistics, 2017

12.8 RSL (Stage 3) Adaptations by Landlord, Installations 2016/17

| RSL | Total Completed Adaptations | % of All Completed Adaptations | Total Grant | % of total Grant |
|--------------|-----------------------------|--------------------------------|-----------------|------------------|
| ACHA | 163 | 71% | £262,270 | 50% |
| Bield | 9 | 4% | £26,743 | 5% |
| Cairn | 3 | 1% | £294 | 0% |
| DHA | 3 | 1% | £10,815 | 2% |
| Fyne Homes | 18 | 8% | £108,654 | 21% |
| Key Housing | 2 | 1% | £8,996 | 2% |
| Blackwood | 4 | 2% | £12,929 | 2% |
| Trust | 9 | 4% | £59,210 | 11% |
| WHHA | 20 | 9% | £35,093 | 7% |
| Total | 231 | 100% | £525,005 | 100% |

Source: Scottish Government Statistics, 2017

The 2016 HNDA summarised RSL adaptations for 2014/15 as follows:

12.9 RSL Adaptations by HMA & Installations 2014/15

| HMA | ACHA | Bield | Cairn | DHA | FYNE | Blackwood | WHHA | Totals |
|----------------------|------------|----------|----------|----------|-----------|-----------|-----------|------------|
| Bute | 8 | 2 | - | - | 16 | - | - | 26 |
| Coll & Tiree | 3 | - | - | - | - | - | - | 3 |
| Cowal | 27 | - | - | 1 | 8 | - | - | 36 |
| Helensburgh Lomond | 24 | - | - | 6 | - | - | - | 30 |
| Islay Jura Colonsay | 7 | - | - | - | - | - | 2 | 9 |
| Kintyre | 25 | - | 1 | - | 14 | - | - | 40 |
| Lorn | 41 | 3 | - | - | - | 2 | 31 | 77 |
| Mid Argyll | 19 | - | - | - | 15 | - | - | 34 |
| Mull & Iona | 5 | - | - | - | - | - | 1 | 6 |
| A&B Total | 159 | 5 | 1 | 7 | 53 | 2 | 34 | 261 |

Source: Annual RSL Returns, 2015

In recent years on average there have been around 260 RSL properties adapted per annum with Scottish Government grant assistance.

12.10: Annual RSL Adaptations by Landlord, 2013/14 – 2015/16

| RSL | 2015/16 | 2014/15 | 2013/14 | Annual average |
|--------------------------------|---------|---------|---------|----------------|
| ACHA | 136 | 159 | 141 | 143 |
| Bield | 7 | 5 | 23 | 12 |
| Cairn | 3 | 1 | 3 | 2 |
| DHA | 11 | 7 | 10 | 9 |
| Fyne Homes | 51 | 53 | 61 | 55 |
| Key Housing | 1 | 0 | 0 | 0 |
| Blackwood | 2 | 2 | - | 2 |
| Trust (*1 year's data only) | 14 | - | - | 14 |
| WHHA | 35 | 34 | 34 | 34 |
| A&B Total | 260 | 261 | 272 | 264 |

Source: Annual RSL Returns, 2014-2016

Analysis of the HOMEArgyll waiting list in January 2018 indicates that 12 applicants would keep their current home if adapted; 114 applicants currently have adaptations; and 88 need adaptations. Local RSLs have provided figures for their waiting list or backlog of adaptations required for existing tenants, as of Q3 2017.

12.11 RSL waiting lists for adaptation as of Q3 2017.

| RSL | Waiting List | SG Stage 3 budget allocation 2017/18 | Status / Comment |
|------------|------------------------|---|--|
| ACHA | 86 | £370k | Works paid to date (Feb 18); £299,890.46 (actual) Works issued not yet invoiced; £53,552.60 (estimate) Works held due to budget £227,650.60 (estimate) |
| DHA | Up to date –no backlog | £26k in total (of which circa £5,308 for A&B) | £23k (est.) committed but little leeway for additional cases this year. |
| FYNE HOMES | 31 | £63k | Budget already fully committed |
| WHHA | 6 | £32k | Expenditure as of Dec. 17 = £34k – variation = £2,168; value of outstanding work est. at £15k. |

This suggests that there were over 120 outstanding requests for RSL adaptations and budget allocations were already committed or indeed overspent by Quarter 3 of the financial year. Figures were not available for the national specialist RSLs operating in Argyll and Bute.

It is estimated that, over the last four to five years, annual Scottish Government investment in “Stage 3” adaptations (to existing properties) for RSL properties in Argyll and Bute has averaged around £545k. In addition, many associations will fund reasonable minor adaptations up to a certain value (generally varying from £100 - £300 per installation) and also carry out maintenance and repair work to adaptations from within their own repair budgets. Nevertheless, it is evident that this function is potentially under resourced and consequently failing to deliver longer term efficiencies that could benefit sectors across Housing, Health and Social Care, as well, of course, as individuals themselves in need.

Overall numbers of adaptations and adapted housing

There are an average of 260 RSL properties and 150 private homes adapted each year in Argyll and Bute, a total of 410 properties; this is 1% of the total occupied dwellings in Argyll and Bute. Note that there may be other adaptations that are arranged privately and are not included in this data. Out of the total RSL stock of 8552 properties, 3%, on average, are adapted each year. Note that adaptations may also be removed if new (or existing) tenants do not require them and also that properties may have multiple adaptations in the same or different years.

Overall national estimates of the total number of adapted properties by local authority area are provided in the Scottish House Condition Survey (SHCS) albeit the figures for Argyll and Bute are derived from very small samples (less than 240 homes in latest report). The latest data was published in February 2017¹ and covers the three year period from 2013 to 2015. This suggests that 13% of the housing stock in Argyll and Bute is adapted, compared to 19% of the Scottish stock. The largest proportions of adapted properties tend to be in smaller flats (1 or 2 bedrooms).

12.12 Dwellings with Adaptations by Dwelling Characteristics

| | | Dwellings with Adaptations by Dwelling Characteristics | | | | | |
|-----------------|---------|--|-----------|---------------|------|--------------------|-----|
| | | Age of Dwelling | | House or Flat | | Number of Bedrooms | |
| Local Authority | % of LA | Pre-1945 | Post 1945 | House | Flat | 1 or 2 | 3+ |
| Argyll and Bute | 13% | 12% | 14% | 12% | 16% | 15% | 12% |
| Scotland | 19% | 17% | 21% | 17% | 24% | 23% | 15% |

Source: Scottish House Condition Survey

The SHCS also suggests that 19% of the local, social rented stock has been adapted compared to 29% of the Scottish RSL sector.

¹ The SHCS Local Authorities' update for 2014-2016 is due to be published at the end of February 2018

12.13 Dwellings with Adaptations by Household Attributes

| | Dwellings with Adaptations by Household Attributes | | | | | |
|------------------------|--|----------------|----------------|----------------|----------|-------|
| | Tenure | | | Household Type | | |
| Local Authority | Owner-occupied | Social Housing | Private Rented | Older | Families | Other |
| <i>Argyll and Bute</i> | 12% | 19% | 10% | 23% | 4% | 9% |
| <i>Scotland</i> | 16% | 29% | 15% | 32% | 11% | 16% |

Source: Scottish House Condition Survey

However, the SHCS estimates that only 2% of the total stock in Argyll & Bute (approximately 820 properties) require adaptations compared to 3% in Scotland as a whole; while 4% of the local RSL stock would require adaptations compared to 5% of the national RSL stock. Figures in the owner occupied sector are lower, at 2% for both Argyll & Bute and Scotland as a whole. The SHCS findings also suggest that 3% of older households in Argyll & Bute require adaptations compared to 4% of the older households in Scotland. The 2% estimated overall (820 properties) is higher than the average of 410 properties per year adapted at the moment. 820 may be an underestimate if the SHCS estimates are low and the % requiring adaptation is closer to the Scottish average.

12.14 Dwellings Requiring Adaptations by Dwelling Characteristics

Source: Scottish House Condition Survey

| | | Dwellings Requiring Adaptations by Dwelling Characteristics | | | | | |
|------------------------|---------|---|-----------|---------------|------|--------------------|----|
| | | Age of Dwelling | | House or Flat | | Number of Bedrooms | |
| Local Authority | % of LA | Pre-1945 | Post 1945 | House | Flat | 1 or 2 | 3+ |
| <i>Argyll and Bute</i> | 2% | - | 3% | 2% | 2% | 3% | 1% |
| <i>Scotland</i> | 3% | 2% | 3% | 2% | 3% | 3% | 2% |

12.15 Dwellings Requiring Adaptations by Household Attributes

| | Dwellings Requiring Adaptations by Household Attributes | | | | | |
|------------------------|---|----------------|----------------|----------------|----------|-------|
| | Tenure | | | Household Type | | |
| Local Authority | Owner-occupied | Social Housing | Private Rented | Older | Families | Other |
| <i>Argyll and Bute</i> | 2% | 4% | - | 3% | - | 3% |
| <i>Scotland</i> | 2% | 5% | 1% | 4% | 2% | 2% |

Source: Scottish House Condition Survey

One indicator of potential need for adaptations generally is the percentage of dwellings containing an individual who is Long term sick or disabled (LTSD) and who is restricted by the dwelling, as estimated in the SHCS 2013-15 (published in February 2017). 36% of households (around 15,100 households) were estimated to contain an LTSD individual. 5% of these households equates to around 750 households.

12.16 LTSD individual restricted because of property, by Dwelling Characteristics

| LTSD individual restricted because of property, by Dwelling Characteristics | | | | | | | |
|---|---------|-----------------|-----------|---------------|------|--------------------|----|
| Local Authority | % of LA | Age of Dwelling | | House or Flat | | Number of Bedrooms | |
| | | Pre-1945 | Post 1945 | House | Flat | 1 or 2 | 3+ |
| <i>Argyll and Bute</i> | 5% | 3% | 7% | 6% | 5% | 5% | 6% |
| <i>Scotland</i> | 5% | 5% | 6% | 5% | 6% | 6% | 5% |

Source: Scottish House Condition Survey

12.17 LTSD individual restricted because of property, by Household Attributes

| LTSD individual restricted because of property by Household Attributes | | | | | | |
|--|----------------|----------------|----------------|----------------|----------|-------|
| Local Authority | Tenure | | | Household Type | | |
| | Owner-occupied | Social Housing | Private Rented | Older | Families | Other |
| <i>Argyll and Bute</i> | 6% | 7% | 0% | 8% | 4% | 3% |
| <i>Scotland</i> | 4% | 10% | 2% | 9% | 3% | 5% |

Source: Scottish House Condition Survey

Given the small sample size used for the SHCS, these national figures should be treated with caution, and the 2016 HNDA for Argyll & Bute noted that all local research and estimates have indicated the level of unmet need for adaptations is likely to be higher.

Key points:

- Adaptations are cost effective in terms of reductions in falls and compared to residential care.
- Early planning for and installation of adaptations may support people to live in their own homes more successfully.
- An average of 410 homes are adapted annually in Argyll and Bute, 260 in the RSL sector and 150 in private owned properties.
- RSL adaptations are funded by Scottish Government and adaptations in the private sector are funded, at least partly, by the Private Sector Housing Grant, administered by Argyll and Bute Council.
- £848,448 was spent from the PSHG on adaptations in 2016/17 and an estimated £525,000 by the Scottish Government on RSL adaptations
- There is some evidence for increases in OT caseloads but data from MiDIS should be interpreted with caution due to a lack of information on the completeness of the data available.
- There is evidence for a shortfall in the budget for adaptations in the RSL sector with waiting lists for adaptations and annual budgets already committed by the third quarter of the financial year. Over 120 households are on a waiting list for adaptations as of quarter 3 2017/18.
- National survey data suggests that there may be around 800 properties needing adaptations. This may be an underestimate. Previous work noted in the 2016 HNDA has suggested a higher unmet need for housing adaptations.

13. Specialist Housing needs: Wheelchair Accessible housing

NHS funded wheelchairs are provided to people in Argyll and Bute by WestMARC. The number of chairs issued each year is shown below. Manual chairs are the most common issued. Note that people may have more than one chair on issue and they may require replacement chairs as their needs change. Therefore, these numbers do not necessarily equate to the number of new wheelchair users each year. Over the five years shown below, 1815 chairs were issued to 1428 people with 281 people (20%) issued with more than one chair over these 5 years. From these figures, it can be estimated that no more than 280 people a year are new wheelchair users.

13.1 Number of wheelchairs issued each year

| Financial Year | Buggies | Manual | Powered | Total |
|----------------|---------|--------|---------|------------|
| 2012-2013 | 4 | 353 | 42 | 399 |
| 2013-2014 | 4 | 314 | 29 | 347 |
| 2014-2015 | 5 | 314 | 31 | 350 |
| 2015-2016 | 1 | 323 | 38 | 362 |
| 2016-2017 | 3 | 321 | 33 | 357 |

Source: ReTIS - Rehabilitation Technology Information Service

The number of people with wheelchairs, at 12th September 2017, was 1324 and they had 1489 chairs on issue (Table 13.2). The age range of people with chairs on issue is also shown. The number of children with a wheelchair is slightly less than the number claiming DLA at the highest mobility component (46 compared to 56, see section 11). For those age 16-64, 323 people had wheelchairs, this is much lower than the numbers claiming the highest mobility component of a disability benefit (1510 people). The oldest age groups are most likely to have wheelchairs. There were 955 people aged 65 and over with a wheelchair. This is close to the number (1110) claiming the highest mobility rate of a disability benefit in this age group. However, attendance allowance does not have a mobility component.

As the oldest age groups are projected to increase in size, it is likely that the number of wheelchairs needed in the future will also rise. This could be 237 additional people needing wheelchairs in 2027. The need for wheelchair housing may be higher than this as there will be new people needing wheelchairs even if the overall number of wheelchair users decreases. Some people may already have housing adapted for wheelchair use which would decrease the need for new housing or adaptations to existing housing.

13.2 Number of people with wheelchairs and projections of numbers of people with wheelchairs in 2027

| Age band | People with wheelchairs issued | | Possible increase by 2027 | |
|--------------|--------------------------------|-------------|---------------------------|------------|
| | Number | % | % | Number |
| 0-15 | 46 | 3% | -7% | -3 |
| 16-24 | 20 | 2% | -15% | -3 |
| 25-44 | 60 | 5% | -4% | -2 |
| 45-64 | 243 | 18% | -14% | -33 |
| 65-74 | 228 | 17% | 2% | 5 |
| 75-84 | 334 | 25% | 33% | 110 |
| 85+ | 393 | 30% | 42% | 164 |
| Total | 1324 | 100% | | 237 |

Source: ReTIS - Rehabilitation Technology Information Service and 2014 NRS population projections

The primary diagnosis leading to need for a wheelchair is recorded in ReTIS. However, these are not necessarily given ICD10 coding. Conditions were grouped according to a lookup developed using the data available (Table 13.3). 14% of people had either not recorded or unknown for their main diagnosis. Cerebrovascular diseases (stroke), decreased or limited mobility and dementia were the most common reasons for wheelchair use. Amputations may be as the result of injury or due to conditions such as diabetes.

13.3 People with wheelchairs by primary diagnosis grouping

| Diagnosis Grouping | People with wheelchairs | |
|-------------------------------------|-------------------------|-----|
| | Number | % |
| not recorded | 130 | 10% |
| Cerebrovascular diseases | 130 | 10% |
| Decreased or Limited Mobility | 110 | 8% |
| Dementia | 80 | 6% |
| Neoplasm | 70 | 5% |
| Osteoarthritis | 60 | 5% |
| Multiple Sclerosis | 50 | 4% |
| Parkinson's Disease | 50 | 4% |
| Unknown | 50 | 4% |
| COPD | 50 | 4% |
| Amputation | 50 | 4% |
| Arthritis (not osteo or rheumatoid) | 40 | 3% |
| Rheumatoid Arthritis | 20 | 2% |
| Osteoporosis | 20 | 2% |
| Other forms of heart disease | 20 | 2% |
| Frailty | 20 | 2% |
| Spinal conditions | 20 | 2% |

Source: ReTIS - Rehabilitation Technology Information Service Number rounded to the nearest 10. Only conditions accounting for 2% or more of wheelchair users are shown. Spinal conditions include back pain, Spondylolysis and Scoliosis as well as other conditions affecting the spine

The most common conditions varied by age band as shown below. Developmental disorders and conditions present at birth and more common in the youngest age band. Cerebrovascular diseases (e.g. stroke), neoplasms (cancer), dementia and decreased mobility are more common in the oldest age groups.

13.4 Most common primary diagnosis group by age band

| 0-24 (Age) | | 25-44 (Age) | | 45-64 (Age) | |
|--|-----|------------------------|-----|--------------------------|-----|
| Diagnosis Group | % | Diagnosis Group | % | Diagnosis Group | % |
| Not recorded | 18% | Not recorded | 23% | Not recorded | 17% |
| unknown | 18% | Spinal conditions | 10% | Multiple Sclerosis | 12% |
| Cerebral Palsy | 11% | unknown | 8% | Cerebrovascular diseases | 6% |
| Pervasive developmental disorders | 11% | Brain damage or injury | 7% | Neoplasm | 5% |
| Disorders of psychological development | 8% | Cerebral Palsy | 5% | Spinal conditions | 5% |
| Down's Syndrome | 6% | Chronic Pain Syndrome | 5% | unknown | 5% |

| 65-74 (Age) | | 75-84 (Age) | | 85+ (Age) | |
|--------------------------|-----|-------------------------------|-----|-------------------------------------|-----|
| Diagnosis Group | % | Diagnosis Group | % | Diagnosis Group | % |
| Not recorded | 14% | Cerebrovascular diseases | 15% | Decreased or Limited Mobility | 16% |
| Cerebrovascular diseases | 11% | Neoplasm | 8% | Dementia | 11% |
| Neoplasm | 8% | Decreased or Limited Mobility | 8% | Cerebrovascular diseases | 8% |
| Multiple Sclerosis | 5% | Parkinson's Disease | 7% | Osteoarthritis | 8% |
| COPD | 5% | Dementia | 7% | Arthritis (not osteo or rheumatoid) | 5% |
| Amputation | 4% | Amputation | 5% | Not recorded | 5% |

Source: ReTIS - Rehabilitation Technology Information Service Number. Top 6 main conditions for needing a wheelchair by age band. Spinal conditions include back pain, Spondylolysis and Scoliosis as well as other conditions affecting the spine

Key points:

- Around 350 wheelchairs are issued each year to people living in Argyll and Bute.
- The majority of wheelchairs issued are manual chairs.
- Over 1300 people in Argyll and Bute have wheelchairs on issue.
- 55% of people with wheelchairs are aged 75+
- Up to 280 people a year may be new wheelchair users.
- There could be 240 additional people needing wheelchairs in Argyll and Bute by 2027.
- The most common reason for a wheelchair is cerebrovascular disease (stroke) but the main reasons for wheelchair use vary by age with Cerebral Palsy being the most common reason in people under 25.

14. Specialist Housing needs: Supported Provision

Care Home Provision

520 people age 65+ were receiving Free Personal or Nursing Care in a care home in 2015/16 at the census point.

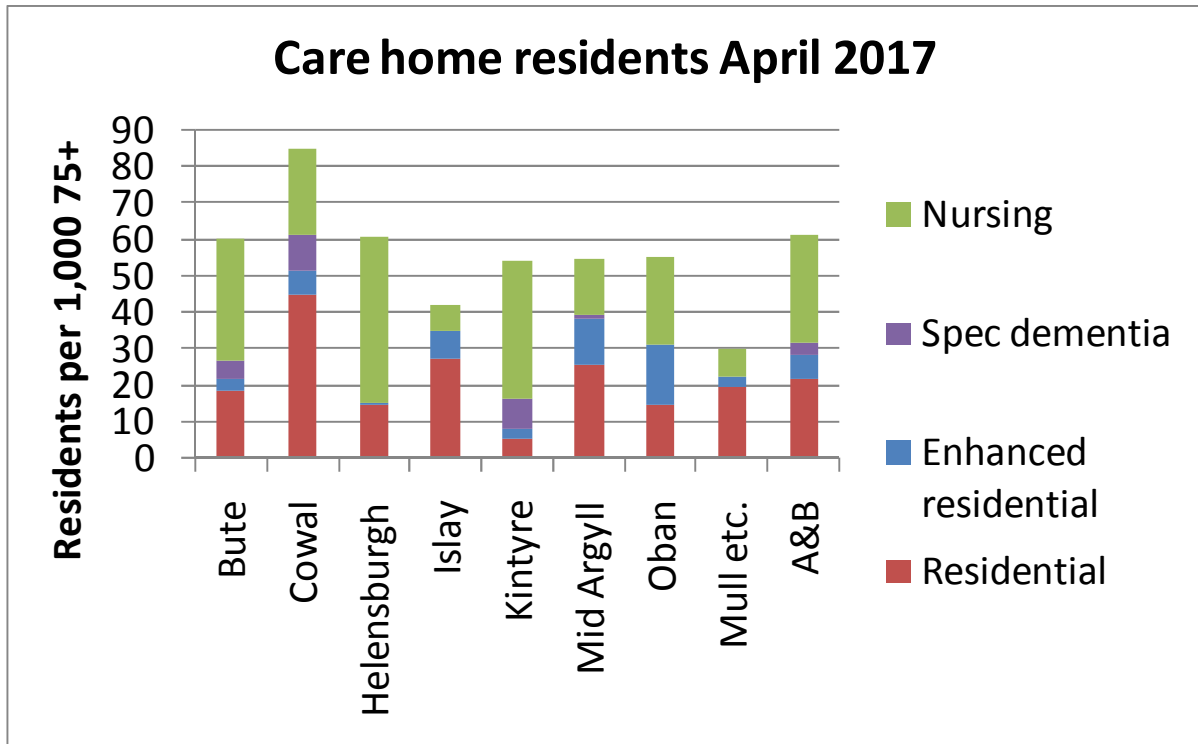
Data on care home residents and new placements were provided by Performance and Improvement Team. At 21st April 2017, 48% of Argyll and Bute Council funded Care Home residents were in nursing care, 36% in residential care, 11% in enhanced residential care and 6% in specialist dementia care. New Argyll and Bute Council funded Care Home placements from 2014/15, 2015/16 and 2016/17 follow a similar pattern, with the majority of placements (48%) to nursing care. 41% of placements were to residential care, 8% to enhanced residential and 3% to specialist dementia care.

The proportion of the care home population in each type of placement varies by locality. The following two charts show care home residents at April 21st 2017 and new placements in 2014/15, 2015/16 and 2016/17 as a rate of the population aged 75+². Cowal has the highest rate of people in care homes at 21st April 2017, although the rate of new placements for Cowal is slightly lower than for Helensburgh and Lomond. Mull, Iona, Coll and Tiree have a low rate of residents in care homes and a low rate of new placements. This may, in part, be due to the Mull and Iona Progressive care centre.

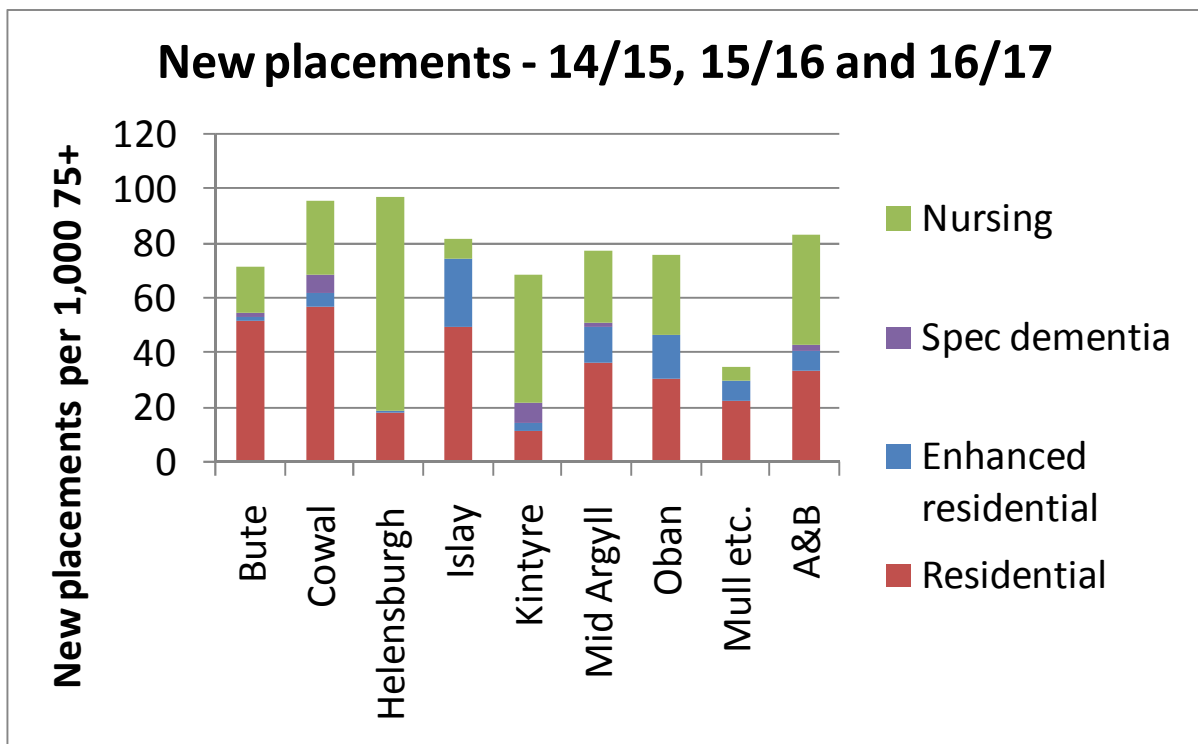
Specialist dementia care is Cowal and in Kintyre although residents with dementia are cared for in residential placements in other areas.

² The trends in rates appeared similar whether shown as a rate of those 65+, 75+ or 85+.

14.1 Rates of care home residents by type of care and Locality



Data source: Argyll and Bute HSCP Performance and Improvement



Data source: Argyll and Bute HSCP Performance and Improvement

As more people are cared for at home, it would be expected that less people are cared for in residential homes. The rate of people in Residential care placements varies by locality. Helensburgh and Lomond and Kintyre have the lowest rates of people in Residential care. The types of placement may reflect practice and culture in each locality, availability of different types of care home places and availability of suitable care provision in people's homes. Localities with the more rural areas may have a higher need for residential care if it is more difficult to provide home care in rural areas, although Kintyre has a large rural population and low rates of residential placements. Although they have the lowest rates of new placements in Residential care. Kintyre and Helensburgh and Lomond have the highest rates of new placements in Nursing care. The islands tend to have lower rates of placements in nursing care, possibly due to lack of availability of this type of care.

The location of Care home placements were assessed according to the budget that the placements were from, and reflect the locality that the person was resident prior to needing a Care home placement. Placements can be in the same locality the person was from, outside the locality the person was from but still in Argyll and Bute, or outside of Argyll and Bute. The majority of people, 68% of residents at 21st April and 75% of new placements between April 2014 and March 2017, are placed in a care home within the locality they were originally resident. Some people may decide to go to care homes in a different locality to where they were living e.g. to be closer to their family members. Others have to go to a care home in another location because of a lack of a placement where they were originally resident. Nursing care placements are least likely to be within the locality the person was originally resident (58%), suggesting a lack of availability of this kind of provision. Mid Argyll, Bute and Tiree do not have nursing care home places within their local areas.

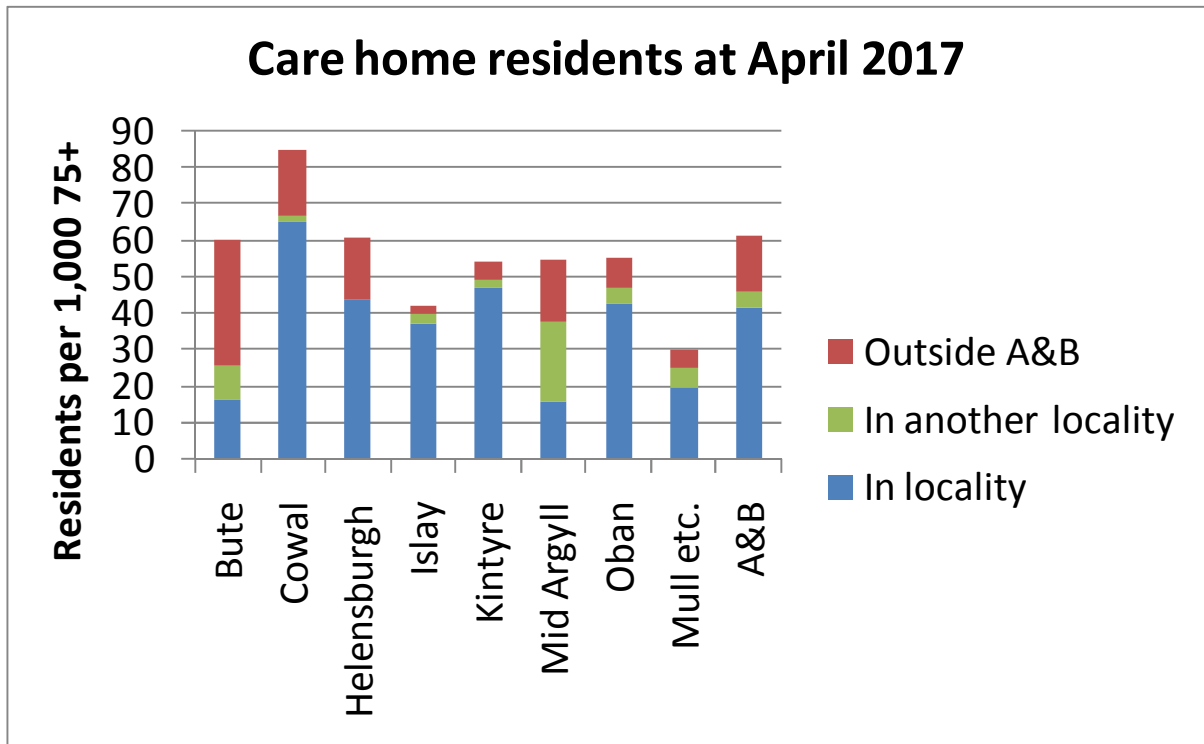
Rates of Care home residents and new care home placements by placement location, for each locality, is shown below. Islay and Jura, Kintyre and Mull, Iona, Coll and Tiree have not made new residential care home placements outside Argyll and Bute. Although Tiree does have a care home, Mull does not and placements from Mull are likely to be in Oban, outside of the locality.

Mid Argyll has the lowest proportion of care home residents, and new placements, in their own locality i.e. in Mid Argyll. Mid Argyll has placed people in residential care in Oban, Cowal, Kintyre and Helensburgh suggesting a need for this type of care in the locality. There is no nursing care in Mid Argyll and so all placements to nursing care are out of the area. In 2015/16 and 2016/17 combined, 47 Mid Argyll residents entered Care Home placements. 17 were placed in Mid Argyll, 8 in Oban, 8 in Kintyre and 7 in Cowal. Other placements were made in Helensburgh and Lomond or outside of Argyll and Bute. Mid Argyll is projected to have an increase in older people; this could further exacerbate the lack of care home places available in the locality.

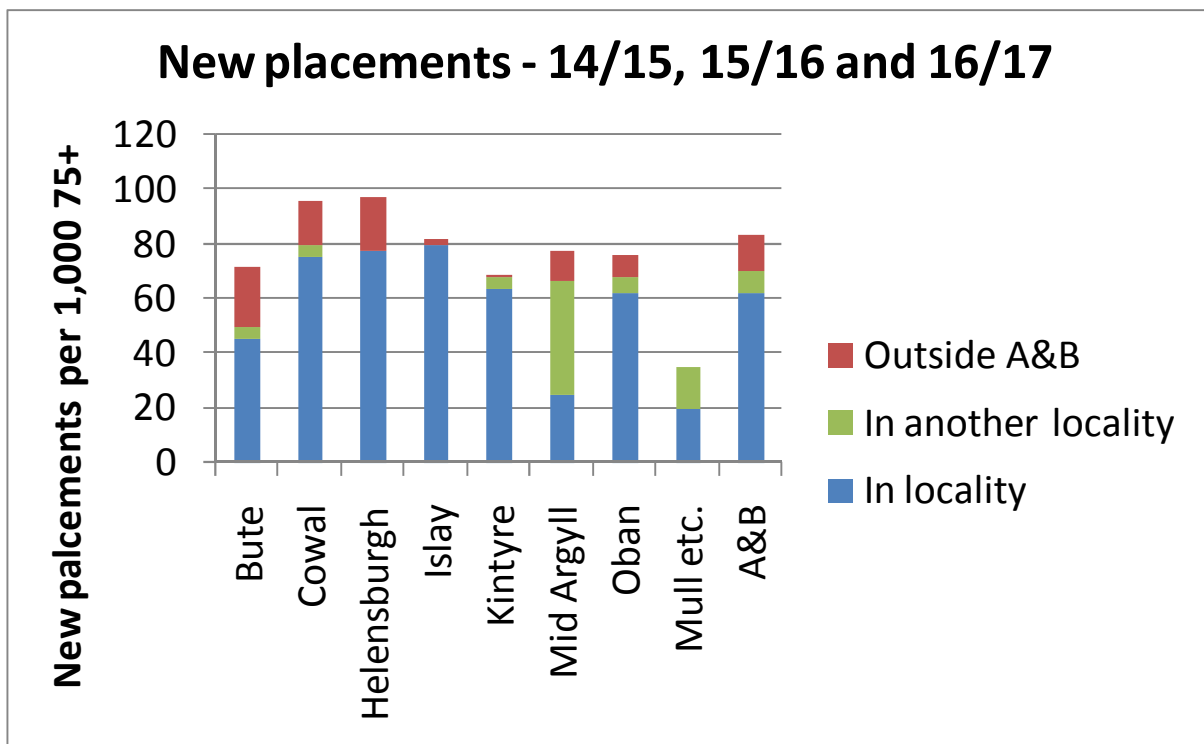
Bute has the second lowest rate care home residents and new placements within locality. The rate of new placements in the locality is higher than for Mid Argyll, but is still lower than in all the other local areas. In 2015/16 and 2016/17, combined, 45 Bute residents entered Care Home placements.

29 were placed on Bute and the majority of other placements were made to outside Argyll and Bute. Placements in other localities within Argyll and Bute were most likely on Cowal.

14.2 Rates of care home residents by location of placement and Locality



Data source: Argyll and Bute HSCP Performance and Improvement



Data source: Argyll and Bute HSCP Performance and Improvement

Increased numbers of older people in all localities could increase pressure on care home places. Assuming that the majority of people in Care Homes are aged 75+, care home residents could increase by 100 people in 5 years and a further 80 in ten years. However, changes to the model of care delivered could reduce this projected need.

Mental Health supported Residential Care

Under the redesign of Mental Health Services, long-stay mental health patients at Argyll and Bute hospital were placed in community settings in supported accommodation. Care packages were arranged for these patients. The Mental Health Local Area Manager, Nikki Gillespie, currently recognises a possible benefit for further residential care to support mental health patients to transition from acute hospital care to a more homely environment. This is likely to represent small numbers of patients who may be from different parts of Argyll and Bute. If suitable supported accommodation were available in each locality area, this may best support people to reintegrate into their local communities. Alternatively, supported accommodation available in Lochgilphead might be more sustainable and benefit from proximity to the Mental Health Inpatient ward. Further data to support this could include the numbers of people retrieved from local areas to an acute inpatient ward.

Mull and Iona Progressive Care Centre

Mull Progressive Care Centre was built on Mull after the existing Care Home was recognised as not fit for purpose. It was funded, partly, by a Scottish Housing Grant which is no longer available. West Highland Housing own 12 flats which are rented to tenants (individual and couples) with high care needs. It was developed alongside the hospital site and is situated close by. It allows people to live in a homely setting, remaining on the Islands and receive Home Care support as their care needs change.

Closure of Auchinlee Care Home

In Kintyre, Auchinlee Care Home is due to close. Flats owned by Cairn Housing Association (CHA), at Lorne Campbell court (LCC) have been identified for some people to be re-housed. These will be rented to people and provided furnished and maintained by Cairn Housing Association. Alterations have been specified by the local Occupational Therapy team with further input from the Dementia Specialist Team. Home Care services are being arranged for these properties.

Baxter View

Baxter View provides specialist accommodation for those who are severely autistic, with learning difficulties or acquired brain injury. This type of accommodation may be suitable for those who have, in the past, been accommodated outside of Argyll and Bute. Baxter View is accommodation provided by Corner Stone in West Dunbartonshire:

<https://www.cornerstone.org.uk/news-story.php?id=baxter-view-groundbreaking>

Ardfenaig and Eadar Glinn Care Homes

Ardfenaig is the only Care Home situated in Mid-Argyll and Eadar Glinn is located in Oban. Both Care Homes are owned by Argyll and Bute Council and are relative old (Victorian) buildings. They have both received generally positive reports from the Care Inspectorate but are marked only as 4:Good for the environment that they provide. Projects have been set up to investigate alternative ways to provide care in these homes, including use of alternative sites and providing care differently on existing sites.

Key points:

People 65+

- 520 people aged 65+ from Argyll and Bute receive funding for care home places.
- The proportion of those 75+ in Care Homes varies by local area with the highest rate on Cowal.
- The lowest rates of care home residents are in the island localities of Mull, Iona, Coll, Tiree and Colonsay and on Islay and Jura.
- As the strategic direction is to care for people at home, it would be expected that people in care homes require the most complex care. Helensburgh has a high proportion of placements in nursing care. Cowal and Bute both have a high proportion of placements in residential care.
- Variation in Care Home use between areas suggest that, in some areas, use of alternative care arrangements could reduce Care Home placements.
- Mid Argyll and Bute have a high proportion of care home placements outside of their local area. This may suggest insufficient care home capacity in these local areas.
- If the current rate of care home residents is the same in 10 years times, it is projected that an additional 180 people will be in Care Homes. However, if more people can be looked after at home, this increase may be lower than projected.
- Ardfenaig and Eadir Glinn Care Homes are being considered for re-provision of services.

Other conditions

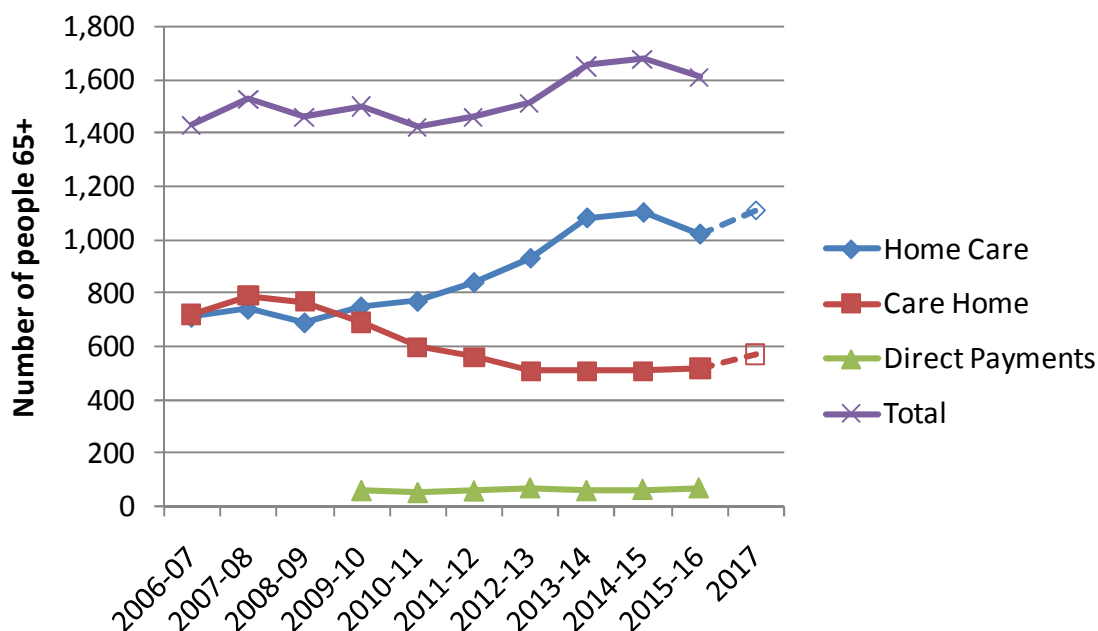
- Small numbers of younger people may require residential accommodation for mental health reasons or for severe autism.
- Due to small numbers, it is difficult to project need for younger people.

15. Specialist Housing needs: Care/Support Services for Independent living at home

Home Care

The number of people in Argyll and Bute receiving home care was 1092 at the census week in 2015/16. Note that the total who received home care over the year is likely to have been higher. The majority of people receiving home care are people aged 65 and over (1020 people). The number of people 65+ receiving home care, care in a care home and direct payments is shown in Figure 15.1 from Scottish Government Statistics. Direct payments allow people to organise their own care at home and are currently a small proportion of the total. The data show the changes that have occurred over the last ten years in caring for older people, with more people looked after at home. Overall, the total number of people receiving this support has increased by 13%, similar to the increase in the number of people aged 75+ over the same time period. The chart also shows data obtained from the HSCP Performance and Improvement Team for 2017.

15.1 Social Care provision to those aged 65+



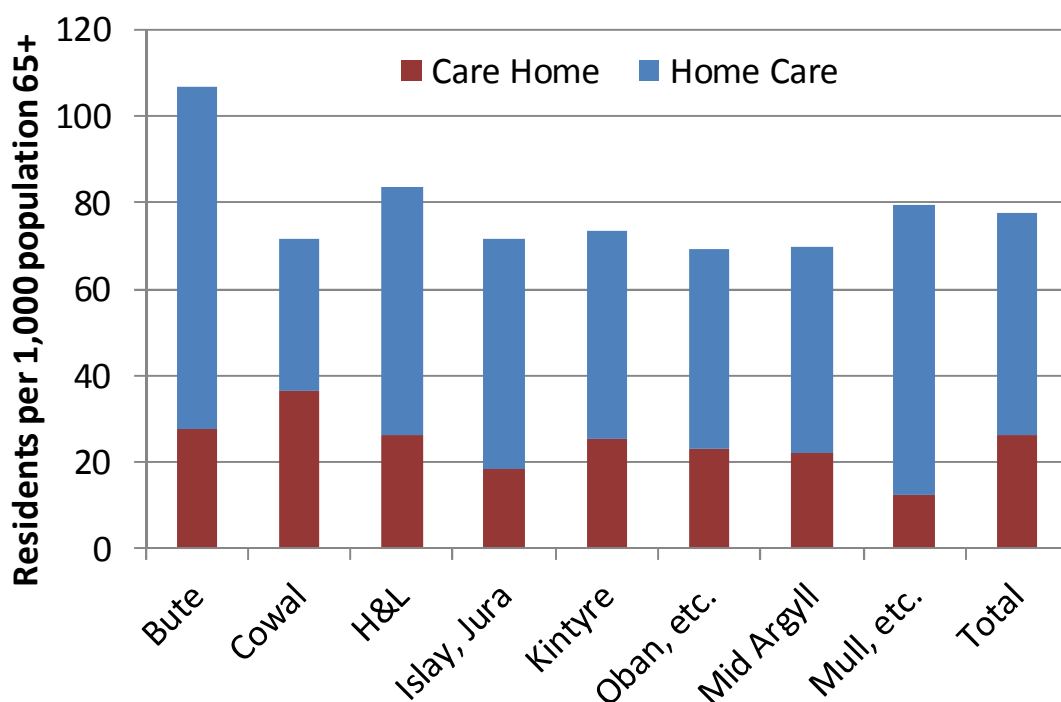
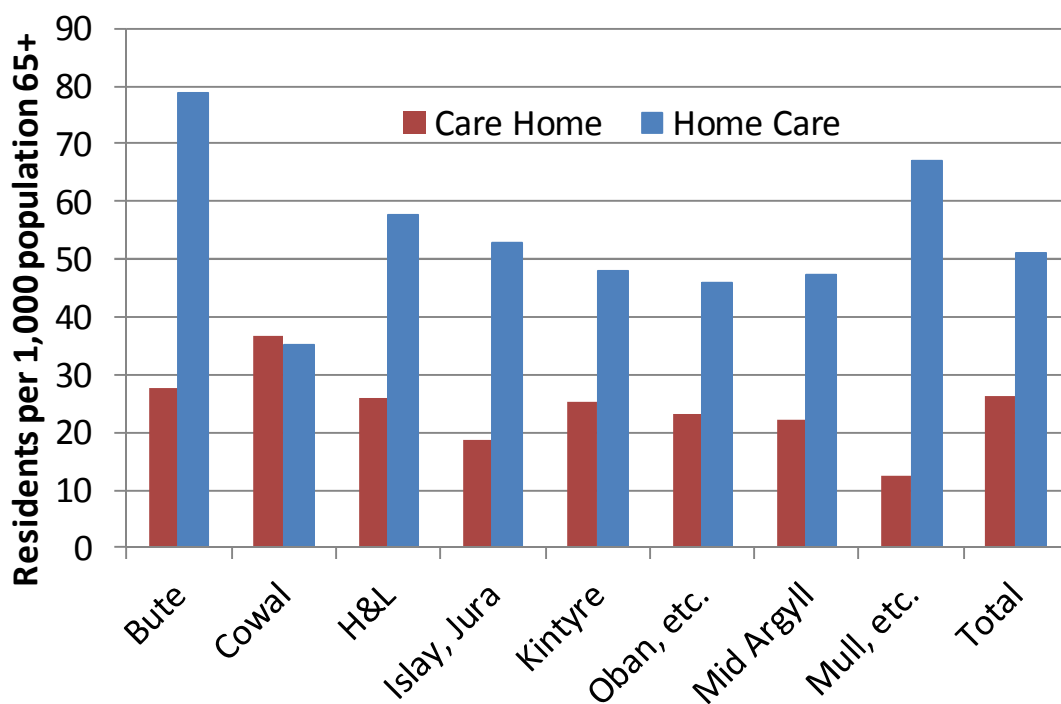
Source: Scottish government Social work statistics 2016 and Free Personal and Nursing Care (FPNC). 2017 Data from HSCP Performance and Improvement Team (Home Care: October, Care Home: April)

Data provided directly from the HSCP Performance and Improvement Team indicate that, at October 2017, 95% of Home Care clients were aged 65+. The number of Home Care clients had risen to 1100 people 65+. (Although note that this is from a different time point to the Scottish Government data.) Of these, 85% were aged 75+ with 51% aged 85+. If the population increases in line with the 2014 population projections, overall the number of people receiving Home Care could increase by around 15% in 5 years (an additional 180 people) and by a total of 33% in ten years (370 additional people those in from 2017), to around 1470 people. The increases are likely to be largest in the areas with the largest increases in those people aged 75+.

If the number of people in care homes increased in a similar manner, we could expect an extra 180 care home residents in 2027. These projections are based on a number of assumptions and should be interpreted cautiously, however, it is likely that more people 65+ will require support, particularly as the largest increases in number of people will be in the oldest age groups. Continued changes in the model of care provided could reduce the number of people needing care home places but would then be likely increase the need for home care even further. Appropriate housing that enables people to remain at home independently as long as possible and reablement to help people require less support and to regain independence may be able to reduce the additional care required.

The rate of people 65+ receiving home care and the rate in a care home is shown in Figure 15.2, by locality. Examining rates allows some comparisons to be made between areas. The area with the lowest rate of Home Care provision is in Cowal. This is also the areas with the highest rate of Care Home residents, suggesting potential for more people to be cared for at home. This is consistent with the high proportion of residential (rather than nursing care) care home placements on Cowal. Bute has a high rate of people accessing Home Care but also the second highest rate of people in Care Homes, indicating a high rate of people receiving support overall. This may reflect the high rates of deprived areas on Bute and the high proportion of people in the oldest age groups. However, Cowal and Kintyre also have relatively higher number of people in the oldest age bands and relatively high levels of deprivation suggesting that the overall higher rate of care on Bute may simply reflect variation in the data, which would be expected to be higher from an area with a relatively small population.

15.2 Home Care and Care Home use as a rate of the population



Data Source: HSCP Performance and Improvement Team. Care Home population at April 2017. Home Care data from October 2017.

Delayed Discharges

People are considered to be delayed in hospital when they are medically fit for discharge but are unable to be discharged due other reasons. Over the 2016/17 financial year and the first two quarters of 2017/18, there were over 400 occasions in which people were delayed in hospital for a total of over 9,000 days. The majority of delays (78%) and days delayed (78%) are from people aged 75+. Those aged 65-74 accounted for an additional 13% of delays and 8% of days delayed. The reason for the delay is coded and grouped as shown in Appendix 2. Data are presented by 'source of delay'.

15.3 Delayed discharges from Argyll and Bute residents over 16/17 financial year and the first half of 2017/18

| Source of delay | Delays | | Days Delayed | | Mean delay |
|-------------------------------|--------|-----|--------------|-----|------------|
| | No. | % | No. | % | |
| Social Support at home | 188 | 43% | 3295 | 34% | 18 |
| Care Home | 80 | 18% | 1607 | 17% | 20 |
| Specialist Facility | 8 | 2% | 1147 | 12% | 143 |
| Other | 64 | 15% | 1115 | 12% | 17 |
| Incapacity Act | 27 | 6% | 1096 | 11% | 41 |
| Complex support at home | 14 | 3% | 591 | 6% | 42 |
| Assessment | 36 | 8% | 359 | 4% | 10 |
| Rehousing | 11 | 3% | 218 | 2% | 20 |
| Equipment/Adaptations at home | 11 | 3% | 179 | 2% | 16 |

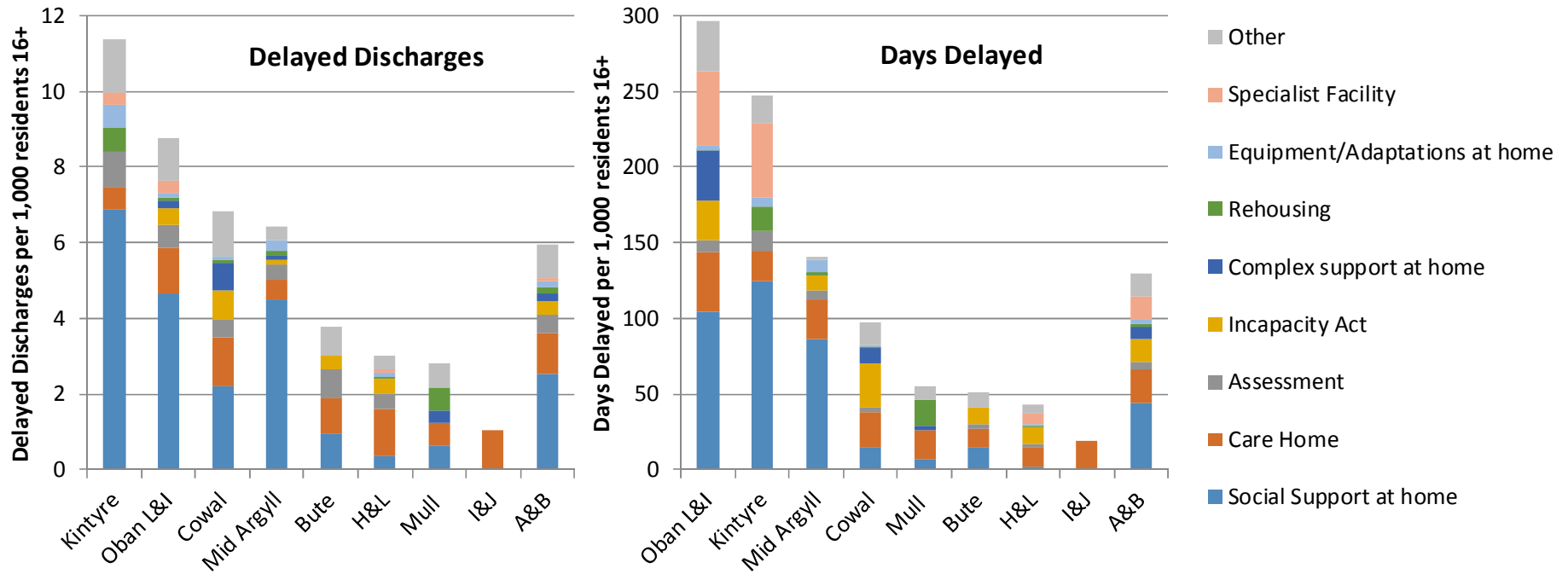
Data Source: HSCP Performance and Improvement Team. See appendix 2 for further information on sources of delay.

The most common source of delay was 'Social support at home' which accounted for 43% of delays and 34% of days delayed. A further 3% of delays were due to 'Complex support at home'. The next most common source of delay was 'Care Home'. This could be place availability, awaiting completion of arrangement or care home/facility closed. Delays due to 'Specialist Facility' were not common but counted for a relatively large proportion of days delayed, suggesting that planning ahead for these cases, if possible, may save days delayed in hospital. Delays due to 'Rehousing' and 'Equipment/Adaptations at home' were not common and did not account for large numbers of days delayed.

The number of delays and days delayed varies by local area (Figure 15.4). Note that the postcode of the person delayed was used to determine the locality of residence, not the hospital in which they were delayed. For some areas, the number of delays are very small and, as such, caution should be

used when interpreting the data, particularly from the smallest localities of Mull, Iona, Coll, Tiree and Colonsay and of Islay and Jura. Delays due to 'Care Home' occurred in all localities. Over the 1.5 year period, Oban, Kintyre, Cowal and Mid-Argyll had the highest rates of delays and days delayed. Delays due to 'Social support at home' were highest in these areas, although they did not lead to a large rate of days delayed for people from Cowal. These four areas also had the lowest rates of people receiving Home Care (Figure 15.2). This suggests concerns with provision of Home care in these areas rather than housing needs per se. However, pressure on provision of home care in these areas may be relieved by different models of housing provision.

1543 Rates of Delayed discharges by local area of residence and source of delay.



Data Source: HSCP Performance and Improvement Team. See appendix 2 for further information on sources of delay. Data from 2016/17 financial year and first two quarters of 2017/18 financial year. National Records of Scotland mid-year population estimates from 2016 were used to calculate rates.

Key points:

Home Care

- 1100 people aged 65+ received Home Care in Argyll and Bute.
- This could increase to 1500 people in ten years, if in line with population projections.
- This increase in Home Care provision could be higher if the trend towards looking after people at home continues.
- Relatively high rates of Care Home compared to Home care use on Cowal suggests that there could be increased use of Home Care in this area.

Delayed Discharges

- 43% of people delayed in hospital from Argyll and Bute are delayed due to 'Social Support at Home'.
- 78% of delays are from people aged 75+
- 'Care Home' is a source of 18% of delays and occurs in all areas.
- The number of delays, per population 16+, is highest in Oban, Lorn and the Inner Isles and in Kintyre, Cowal and Mid-Argyll.
- The data suggest difficulties with Home Care capacity or arrangements in these areas, possibly due in part to the rural nature of these areas.

16. Current RSL Housing stock and use

RSL Housing Stock

RSL stock (at March 2017) is shown below, by locality, alongside estimates of the numbers of occupied dwellings in each locality. Numbers of RSL dwellings, and RSL dwellings as a percentage of number of occupied dwellings, are shown for each locality. Bute has the highest proportion of dwellings that are owned by RSLs, followed by Kintyre and Islay, Jura and Colonsay. Both Bute and Kintyre have high proportions of relatively deprived areas within Argyll and Bute and this may generate need for a higher proportion of RSL stock. However, Cowal also has a high proportion of deprived areas but has a percentage of RSL stock similar to the Argyll and Bute average. Both Bute and Kintyre have been shown to exhibit low demand for some RSL housing and have a proportion of long-term voids in the RSL stock. Helensburgh and Lomond has the second highest amount of RSL stock in Argyll and Bute but this represents a low percentage of the overall dwellings within the locality.

The current target is that a minimum of 10% of new RSL developments are Specialist Provision and that all new build stock meet basic HfVNS. In some areas, Specialist Provision stock is much higher than 10% (e.g. Bute). In some areas, there is stock that is proving hard-to-let and some landlords are considering whether certain specialist and mainstream schemes may be surplus to requirements.

16.1 RSL stock and RSL stock as a percentage of the number of occupied dwellings in each locality

| Locality | Occupied Dwellings | Mainstream RSL dwellings | | Specialist RSL dwellings | | Total RSL stock | | SP as % of RSL total |
|--------------------------|--------------------|--------------------------|------------|--------------------------|-----------|-----------------|------------|----------------------|
| | | Count | % | Count | % | Count | % | |
| Bute | 3388 | 852 | 25% | 238 | 7% | 1090 | 32% | 22% |
| Kintyre | 3873 | 983 | 25% | 145 | 4% | 1128 | 29% | 13% |
| Islay, Jura, Colonsay | 1738 | 422 | 24% | 51 | 3% | 473 | 27% | 11% |
| Mid Argyll | 4626 | 844 | 18% | 155 | 3% | 999 | 22% | 16% |
| Oban and Lorn | 7656 | 1425 | 19% | 188 | 2% | 1613 | 21% | 12% |
| <i>Argyll & Bute</i> | <i>42007</i> | <i>7229</i> | <i>17%</i> | <i>1323</i> | <i>3%</i> | <i>8552</i> | <i>20%</i> | <i>15%</i> |
| Cowal | 7366 | 1216 | 17% | 247 | 3% | 1463 | 20% | 17% |
| Mull, Iona, Coll, Tiree | 1974 | 237 | 12% | 59 | 3% | 296 | 15% | 20% |
| H&L | 11386 | 1250 | 11% | 240 | 2% | 1490 | 13% | 16% |

Source: Occupied dwellings (2016) estimated by National Records of Scotland. RSL data provided to Argyll and Bute Council.

The number of RSL properties let during 2016/17 financial year is shown below by locality. The percentage of the stock let this year varied by locality. The percentage of stock let will depend on both demand and availability e.g. low percentage stock let may indicate low demand compared to stock availability or insufficient availability and unmet demand. Numbers of lets will also show variability from year to year.

16.2 RSL stock and lets by type of provision and locality

| Locality | Mainstream Lets | | Specialist Lets | |
|--------------------------|-----------------|------------|-----------------|------------|
| | Number | % stock | Number | % stock |
| Bute | 179 | 21% | 30 | 13% |
| Kintyre | 120 | 12% | 15 | 10% |
| Islay, Jura and Colonsay | 53 | 13% | 9 | 18% |
| Mid Argyll | 148 | 18% | 16 | 10% |
| Oban and Lorn | 175 | 12% | 23 | 12% |
| Argyll & Bute | 1019 | 14% | 170 | 13% |
| Cowal | 165 | 14% | 43 | 17% |
| Mull, Iona, Coll, Tiree | 31 | 13% | 8 | 14% |
| H&L | 148 | 12% | 26 | 11% |

Stock at March 2017 and lets during 2016/17. Source: RSL data provided to Argyll and Bute Council.

RSL properties are owned by a variety of different landlords, as shown in table 16.3 below. The percentage of mainstream stock let in 2016/17 across Argyll and Bute as a whole was 14%. Landlords and areas with much lower (or higher) turnover than this often have lower numbers of properties, suggesting that this is due to variation from year to year. (Note that there are no recurrent lets from Link in Oban and Lorn as this was new accommodation.) The percentage of Specialist Provision stock let in 2016/17 across Argyll and Bute as a whole was 13%. The percentage of properties let varies between areas and landlords and this probably reflects high variation due to small numbers of properties, as well as differences in types of specialist provision provided and the demand in each area.

16.3 RSL stock and lets by type of provision, Housing Market area (HMA) and Landlord.

| HMA | Landlord | Mainstream Provision | | | Specialist Provision | | |
|------------------------|------------|----------------------|-------------|------------|----------------------|------------|------------|
| | | Stock | Lets | % Let | Stock | Lets | % Let |
| Mid Argyll | ACHA | 547 | 96 | 18% | 64 | 14 | 22% |
| | Fyne Homes | 297 | 52 | 18% | 91 | 2 | 2% |
| Oban and Lorn | ACHA | 773 | 101 | 13% | 72 | 10 | 14% |
| | WHHA | 570 | 72 | 13% | 11 | 0 | 0% |
| | Bield | 3 | 1 | 33% | 95 | 13 | 14% |
| | Blackwood | 4 | 1 | 25% | 10 | 0 | 0% |
| | Link* | 75 | 0 | 0% | | | |
| Kintyre | ACHA | 836 | 98 | 12% | 10 | 3 | 30% |
| | Fyne Homes | 147 | 22 | 15% | 101 | 5 | 5% |
| | Cairn | | | | 34 | 7 | 21% |
| I, J&C | ACHA | 354 | 42 | 12% | 10 | 1 | 10% |
| | WHHA | 60 | 4 | 7% | 8 | 0 | 0% |
| | Trust | 8 | 7 | 88% | 33 | 8 | 24% |
| Mull and Iona | ACHA | 87 | 5 | 6% | 6 | 1 | 17% |
| | WHHA | 102 | 19 | 19% | 15 | 1 | 7% |
| | Trust | | | | 29 | 3 | 10% |
| Cowal | ACHA | 870 | 104 | 12% | 52 | 17 | 33% |
| | DHA | 14 | 1 | 7% | | | |
| | Fyne Homes | 313 | 59 | 19% | 76 | 2 | 3% |
| | Bield | 2 | 1 | 50% | 95 | 16 | 17% |
| | Key | 15 | 0 | 0% | 5 | 0 | 0% |
| | Trust | 2 | 0 | 0% | 19 | 8 | 42% |
| Coll and Tiree | ACHA | 27 | 4 | 15% | 6 | 2 | 33% |
| | WHHA | 18 | 2 | 11% | | | |
| | Trust | 3 | 1 | 33% | 3 | 1 | 33% |
| Bute | ACHA | 460 | 69 | 15% | 34 | 7 | 21% |
| | Fyne Homes | 391 | 110 | 28% | 138 | 6 | 4% |
| | Bield | 1 | 0 | 0% | 66 | 17 | 26% |
| Helensburgh and Lomond | ACHA | 884 | 95 | 11% | 113 | 15 | 13% |
| | Dunbritton | 337 | 50 | 15% | 86 | 8 | 9% |
| | Bield | 1 | 0 | 0% | 40 | 3 | 8% |
| | Key | 9 | 0 | 0% | 1 | 0 | 0% |
| | Link | 19 | 3 | 16% | | | |
| Argyll and Bute | | 7229 | 1019 | 14% | 1323 | 170 | 13% |

Stock at March 2017 and lets are during 2016/17. *Link properties were new during the year and the number of lets is recorded as zero as lets refers to recurrent letting of existing properties. Source: RSL data provided to Argyll and Bute Council.

Specialist housing types, as specified by the individual housing associations, was grouped as shown below.

16.4 Grouping of Specialist Provision Housing Types

| Grouping | Housing type |
|---------------------------------------|--------------------------------------|
| Accessible and Adapted Housing | Adapted |
| | Ambulant Disabled |
| | Amenity |
| | Medium Dependency |
| | Mobility |
| | Other Specially Adapted |
| | Extra Care* |
| Supported Provision | Retirement Housing |
| | Sheltered Housing |
| | Sheltered Housing/Retirement Housing |
| | Very Sheltered Housing |
| Wheelchair Accessible housing | Wheelchair Housing |

**Extra Care housing in Mid Argyll is named 'Extra Care' by the Landlord but is not high specification supported provision as the term 'Extra Care' is understood in the Scottish Government technical definition. With the exception of this provision, Housing Types have been left as classified by Landlords. Note that terminology may vary between providers.*

The number of dwellings in each category and the percentages of the total stock in the locality are shown below. The areas vary as to the proportion of each type of Specialist Provision that they have. Note that some Accessible and Adapted Housing may be privately owned and, as such, will not appear in this table. In addition, some mainstream stock with Stage 3 adaptations or accessible, ground floor properties suitable for particular needs, will appear under General Needs. The number of Wheelchair Accessible Housing is low in all localities and does vary by locality, from only 1 unit in Mull, Iona, Coll and Tiree to 14 units in Mid Argyll. The proportion of housing which is Supported Provisions varies considerably by locality.

16.5 RSL Specialist Provision Stock: Number and % of total stock in each Locality

| Locality | Accessible and Adapted Housing | | Supported Provision | | Wheelchair Accessible housing | | Total |
|------------------------|--------------------------------|------------|---------------------|------------|-------------------------------|-----------|-------------|
| | Number | % | Number | % | Number | % | |
| Bute | 132 | 55% | 100 | 42% | 6 | 3% | 238 |
| Cowal | 81 | 33% | 157 | 64% | 9 | 4% | 247 |
| H&L | 206 | 86% | 28 | 12% | 6 | 3% | 240 |
| Islay and Jura | 10 | 20% | 39 | 76% | 2 | 4% | 51 |
| Kintyre | 104 | 72% | 34 | 23% | 7 | 5% | 145 |
| Mid Argyll | 84 | 54% | 57 | 37% | 14 | 9% | 155 |
| Mull etc. | 27 | 46% | 31 | 53% | 1 | 2% | 59 |
| Oban and Lorn | 38 | 20% | 138 | 73% | 12 | 6% | 188 |
| <i>Argyll and Bute</i> | <i>682</i> | <i>52%</i> | <i>584</i> | <i>44%</i> | <i>57</i> | <i>4%</i> | <i>1323</i> |

Note that Accessible and Adapted Housing does not include all stage 3 adaptations or accessible, ground floor properties suitable for particular needs, will appear under mainstream 'General Needs'. Private housing with adaptations are not included. Source: RSL data provided to Argyll and Bute Council.

The RSL Specialist Provision stock, by type of Specialist Provision is shown as a percentage of the occupied dwellings in each locality in the table below. This provides the rate (as a percentage) of accommodation by overall numbers of dwellings and provides an indication of provision by population size in each area. For example, although the percentage of Supported Provision in Bute is close to the Argyll and Bute average (Table 16.5), the amount of Supported Provision as a percentage of occupied dwellings is the highest in Argyll and Bute. Higher rates of supported provision on Bute may have developed as a result of the lower care home capacity on the island. Note that Mid Argyll, which also has low capacity in the locality (indicated by relatively high numbers of placements in other localities) does not have a rate of supported provision above the Argyll and Bute average. Kintyre and Helensburgh and Lomond have relatively low proportions of Supported Provision as a percentage of occupied dwellings, possibly indicating potential for development of this type of specialist provision.

Islay and Jura and Oban and Lorn have relatively low proportions of Accessible and Adapted Housing as a percentage of occupied dwellings although note that the lower rates of Accessible and Adapted Housing may be due to under-counting of these properties as properties that have Scottish Government stage 3 adaptations may be counted as general stock.

16.6 RSL Specialist Stock as a % of occupied dwellings in each locality

| Locality | Accessible and Adapted Housing | Supported Provision | Wheelchair Accessible housing | Total |
|-----------------|--------------------------------|---------------------|-------------------------------|-------|
| Bute | 3.9% | 3.0% | 0.2% | 7.0% |
| Kintyre | 2.7% | 0.9% | 0.2% | 3.7% |
| Cowal | 1.1% | 2.1% | 0.1% | 3.4% |
| Mid Argyll | 1.3% | 1.2% | 0.3% | 3.4% |
| Argyll and Bute | 1.6% | 1.4% | 0.1% | 3.1% |
| Mull etc. | 1.4% | 1.6% | 0.1% | 3.0% |
| Islay and Jura | 0.6% | 2.2% | 0.1% | 2.9% |
| Oban and Lorn | 0.5% | 1.8% | 0.2% | 2.5% |
| H&L | 1.8% | 0.2% | 0.1% | 2.1% |

Note that Accessible and Adapted Housing may not include some stage 3 adaptations or accessible, ground floor properties suitable for particular needs, will appear under General Needs. Private housing with adaptations are not included. Source: RSL data provided to Argyll and Bute Council.

The number of Specialist Provision dwellings let during 2016/17 is shown by type of provision below. For Argyll and Bute as a whole, 7% of Accessible and Adapted Housing stock, 20% of Supported Provision stock and 4% of Wheelchair Accessible Housing stock was let. Although there is higher numbers of Accessible and Adapted Housing Stock (Table 16.5), there were more lets of Supported Provision: there is higher turnover of Supported Provision Housing, probably reflecting the conditions people renting these properties are living with. The let of Supported Provision Housing in Helensburgh and Lomond was very low, possibly reflecting low stock levels. However, although Kintyre also has relatively low stock of Supported Provision Housing, the let of Support Provision Housing was higher in Kintyre. However, note that overall numbers of lets were low and proportions of stock let are likely to vary from year to year.

16.7 Number of Specialist Provision Lets: Number and % of stock let

| Locality | Accessible and Adapted Housing | | Supported Provision | | Wheelchair Accessible housing | | Total | |
|-----------------|--------------------------------|-----|---------------------|-----|-------------------------------|-----|-------|-----|
| Bute | 5 | 4% | 24 | 24% | 1 | 17% | 30 | 13% |
| Cowal | 4 | 5% | 39 | 25% | | 0% | 43 | 17% |
| H&L | 24 | 12% | 2 | 7% | | 0% | 26 | 11% |
| Islay and Jura | 1 | 10% | 8 | 21% | | 0% | 9 | 18% |
| Kintyre | 7 | 7% | 7 | 21% | 1 | 14% | 15 | 10% |
| Mid Argyll | 2 | 2% | 14 | 25% | | 0% | 16 | 10% |
| Mull etc. | 4 | 15% | 4 | 13% | | 0% | 8 | 14% |
| Oban and Lorn | 3 | 8% | 20 | 14% | | 0% | 23 | 12% |
| Argyll and Bute | 50 | 7% | 118 | 20% | 2 | 4% | 170 | 13% |

Source: RSL data provided to Argyll and Bute Council.

Specialist housing may not be available in all areas of a locality area. The specialist provision available, by locality and local town or village, is shown below. National Records of Scotland publish population sizes for settlements. The only settlement that has no Specialist Provision, in Argyll and Bute, is Tighnabruaich, in Cowal. There is no provision on the West side of Cowal, other than in the North, in Strachur. Local knowledge is needed of any other gaps within locality areas. There is no Specialist Provision within Ardfern, the closest being very small numbers of dwellings (3 in total) in Cairnbaan, Kilmelford and Clachan Seil. Use of mapping techniques (GIS) would be useful to visualise specialist provision and population numbers in Argyll and Bute.

16.8 Specialist Provision Stock by local area – part 1 of table

| Locality | Local Area | Accessible and Adapted Housing | Supported Provision | Wheelchair Accessible housing | Total |
|-----------------------|-------------------|---------------------------------------|----------------------------|--------------------------------------|--------------|
| Bute | Rothesay | 117 | 100 | 6 | 223 |
| Bute | Port Bannatyne | 13 | | | 13 |
| Bute | Kilchattan Bay | 2 | | | 2 |
| Cowal | Dunoon/Kirn | 71 | 95 | 9 | 175 |
| Cowal | Innellan | | 26 | | 26 |
| Cowal | Sandbank | 9 | 17 | | 26 |
| Cowal | Strachur | 1 | 19 | | 20 |
| H&L | Helensburgh | 136 | 28 | 3 | 167 |
| H&L | Garelochhead | 23 | | | 23 |
| H&L | Cardross | 18 | | 2 | 20 |
| H&L | Rosneath | 11 | | | 11 |
| H&L | Arrochar | 7 | | | 7 |
| H&L | Rhu | 5 | | 1 | 6 |
| H&L | Kilcreggan | 3 | | | 3 |
| H&L | Luss | 3 | | | 3 |
| Islay and Jura | Bowmore | | 25 | 2 | 27 |
| Islay and Jura | Port Ellen | | 14 | | 14 |
| Islay and Jura | Craighouse | 6 | | | 6 |
| Islay and Jura | Bruichladdich | 4 | | | 4 |
| Kintyre | Campbeltown | 95 | 34 | 7 | 136 |
| Kintyre | Gigha | 6 | | | 6 |
| Kintyre | Carradale | 3 | | | 3 |

16.9 Specialist Provision Stock by local area – part 2 of table

| Locality | Local Area | Accessible and Adapted Housing | Supported Provision | Wheelchair Accessible housing | Total |
|----------------------|-------------------|---------------------------------------|----------------------------|--------------------------------------|--------------|
| Mid Argyll | Lochgilphead | 48 | 8 | 8 | 64 |
| Mid Argyll | Ardrishaig | 25 | 17 | 1 | 43 |
| Mid Argyll | Tarbert | 6 | 13 | 5 | 24 |
| Mid Argyll | Inveraray | | 19 | | 19 |
| Mid Argyll | Achahoish | 4 | | | 4 |
| Mid Argyll | Cairnbaan | 1 | | | 1 |
| Mull etc. | Tobermory | | 25 | 1 | 26 |
| Mull etc. | Craignure | 14 | | | 14 |
| Mull etc. | Bunessan | | 6 | | 6 |
| Mull etc. | Scarnish, Tiree | 6 | | | 6 |
| Mull etc. | Dervaig | 4 | | | 4 |
| Mull etc. | Arinagour, Coll | 3 | | | 3 |
| Oban and Lorn | Oban | 16 | 103 | 12 | 131 |
| Oban and Lorn | Benderloch | | 20 | | 20 |
| Oban and Lorn | Dunbeg | 1 | 15 | | 16 |
| Oban and Lorn | Taynuilt | 6 | | | 6 |
| Oban and Lorn | North Connel | 4 | | | 4 |
| Oban and Lorn | Port Appin | 4 | | | 4 |
| Oban and Lorn | Appin | 3 | | | 3 |
| Oban and Lorn | Dalmally | 2 | | | 2 |
| Oban and Lorn | Clachan Seil | 1 | | | 1 |
| Oban and Lorn | Kilmelford | 1 | | | 1 |

Source: RSL data provided to Argyll and Bute Council.

The numbers and percentage of dwellings by number of bedrooms is shown below. Note that 0 bedroom properties refer to bedsits and studio properties. Supported provision is most likely to have 1 bedroom (85%). 54% of Accessible and Adapted Housing has 1 bedroom and 34% have two bedrooms. Wheelchair Accessible Housing is more likely to have higher numbers of bedrooms, probably reflecting wheelchair users in younger age groups and with larger families.

16.10 Specialist Provision Stock by Type and Number of Bedrooms: Number and as a percentage of Total for each Type of Specialist Provision

| Bedrooms | Accessible and Adapted Housing | | Supported Provision | | Wheelchair Accessible housing | | Total |
|--------------|--------------------------------|-------------|---------------------|-------------|-------------------------------|-------------|-------------|
| | Number | Percentage | Number | Percentage | Number | Percentage | |
| 0* | 31 | 5% | 49 | 8% | | 0% | 80 |
| 1 | 372 | 55% | 495 | 85% | 13 | 23% | 880 |
| 2 | 228 | 33% | 32 | 5% | 29 | 51% | 289 |
| 3 | 49 | 7% | 8 | 1% | 7 | 12% | 64 |
| 4+ | 2 | 0% | | 0% | 8 | 14% | 10 |
| Total | 682 | 100% | 584 | 100% | 57 | 100% | 1323 |

*0 bedroom properties refer to studios and bedsits. *Source:* RSL data provided to Argyll and Bute Council.

The most common bedroom size for lets of specialist provision was one bedroom (Table 16.11). Although 55% of Accessible and Adapted Housing stock were one bedroom, 72% of the lets of this type of housing were one bedroom. This may reflect preference or availability of stock with different numbers of bedrooms.

16.11 Specialist Provision Lets by Type and Number of Bedrooms: Number and as a percentage of total lets for each type

| Bedrooms | Accessible and Adapted Housing | | Supported Provision | | Wheelchair Accessible housing | | Total |
|--------------|--------------------------------|-------------|---------------------|-------------|-------------------------------|-------------|------------|
| | Number | Percentage | Number | Percentage | Number | Percentage | |
| 0 | 7 | 14% | 4 | 3% | | 0% | 11 |
| 1 | 36 | 72% | 112 | 95% | 0 | 0% | 148 |
| 2 | 7 | 14% | 1 | 1% | 2 | 100% | 10 |
| 3 | 0 | 0% | 1 | 1% | 0 | 0% | 1 |
| 4+ | 0 | 0% | | 0% | 0 | 0% | |
| Total | 50 | 100% | 118 | 100% | 2 | 100% | 170 |

*0 bedroom properties refer to studios and bedsits. *Source:* RSL data provided to Argyll and Bute Council.

The highest turnover (proportion of stock let) of Accessible and Adapted Housing was with no bedrooms (Table 16.12) although note the relatively small stock size of these properties. One bedroom Supported Provision properties had the highest turnover (proportion of stock let) of this type of Specialist provision.

16.12 Specialist Provision Lets by Number of Bedrooms as percentage of stock available.

| Bedrooms | Accessible and Adapted Housing | Supported Provision | Wheelchair Accessible housing | Total |
|--------------|--------------------------------|---------------------|-------------------------------|-------|
| 0 | 23% | 8% | | 14% |
| 1 | 10% | 23% | 0% | 17% |
| 2 | 3% | 3% | 7% | 3% |
| 3 | 0% | 13% | 0% | 2% |
| 4+ | 0% | | 0% | 0% |
| <i>Total</i> | 7% | 20% | 4% | 13% |

*0 bedroom properties refer to studios and bedsits. *Source:* RSL data provided to Argyll and Bute Council.

Key points:

- The amount of RSL stock in each locality varies from 32% of occupied dwellings on Bute, 29% in Kintyre and 27% on Islay, Jura and Colonsay to 13% of occupied dwelling in Helensburgh and Lomond and 15% on Mull, Iona, Coll and Tiree.
- Bute and Kintyre have been shown to exhibit low demand for some RSL housing and have a proportion of long-term voids in the RSL stock.
- The amount of specialist provision also varies by area and by type of specialist provision, but is highest than 10% of RSL stock in all areas.
- Within local areas, there may be communities with no specialist provision with gaps noted in Tighnabruaich (SouthWest Cowal) and in Ardfern. GIS mapping could help understand the distribution of specialist provision.
- The areas with the lowest provision (by % occupied dwellings) of adapted and accessible housing are Islay and Jura and Oban and Lorn. There may be undercounting of adapted housing as houses that are adapted may be considered general stock.
- Kintyre and Helensburgh and Lomond have the lowest provision of supported provision. The closure of Auchinlee and provision of accommodation at Lorne Campbell court may change this position in Kintyre.
- Provision of wheelchair accessible housing forms the smallest proportion of specialist housing in all areas.
- The percentage of stock let can reflect demand as well as availability.
- Supported provision has a higher turnover (i.e. a higher % of stock let) than other specialist housing.

17. RSL Waiting Lists for Specialist Provision

The waiting list for people for RSL housing can provide an indication of need for specialist provision. In this report, data are a snapshot of the waiting list at one time point in 2017, and do not indicate how long people have been waiting for accommodation. There are two waiting lists in operation for RSL housing, one for HOMEArgyll and one operated separately by Bield Housing. People on the Bield waiting list may only appear in one category of housing i.e. 'Amenity', 'Retirement', 'Very Sheltered' or 'Mixed' (a combination of the former). People on the HomeArgyll waiting list may pick more than one category i.e. "no" to general needs', 'Housing with support', 'Wheelchair accessible', 'Older people (Amenity)' or 'Older people (sheltered)'. The sum of the HOMEArgyll waiting list for each type of housing is therefore larger than the total waiting list size. We assume that there is limited duplication across the two waiting lists as people generally select one waiting list, according to the type of accommodation they are seeking. It is, however, possible that a small number of people may be included in both waiting lists.

Around 28% of the total HOMEArgyll waiting list are aged 55 or over and 20% of total waiting list are aged 60. Of those aged 55+, 17% would not accept mainstream housing while 20% of those aged 60+ would not. For applicants that would not accept general needs as an option (selected "No" General Needs') 73% were aged 60 or over.

The number of people indicating preference for Specialist Provision on the HOMEArgyll waiting list in 2017 is shown in the table below, with the numbers as a percentage of the total in each locality shown in the table below that. 62% of those on the waiting list selected at least one 'Older people' option. Only 37% (145 households) rejected, with a "no", General Needs provision. This suggests that some of those requesting Specialist Provision may not actually require it at present and they may be trying to maximise their options for housing or are planning ahead for potential future needs.

17.1 Number of people on HOMEArgyll Waiting List in 2017

| Locality | Home Argyll Total | General Needs "no" | Housing with support | Wheel-chair Accessible | Older people Amenity | Older people Sheltered | Older people* |
|------------------------|-------------------|--------------------|----------------------|------------------------|----------------------|------------------------|---------------|
| Bute | 38 | 8 | 6 | 6 | 28 | 10 | 28 |
| Cowal | 53 | 20 | 18 | 14 | 27 | 27 | 27 |
| H&L | 88 | 34 | 25 | 29 | 55 | 36 | 55 |
| Islay and Jura | 17 | 4 | 3 | 3 | 10 | 15 | 15 |
| Kintyre | 34 | 12 | 7 | 11 | 26 | 18 | 26 |
| Mid Argyll | 55 | 19 | 12 | 18 | 33 | 29 | 33 |
| Mull etc. | 20 | 9 | 10 | 5 | 12 | 14 | 14 |
| Oban and Lorn | 91 | 39 | 29 | 26 | 39 | 46 | 46 |
| Argyll and Bute | 396 | 145 | 110 | 112 | 230 | 195 | 244 |

*This is the largest number out of those who selected one of the two options specific to older people and provides a minimum for the number of applicants for Specialist Provision who considered themselves 'older'. *Source: HOMEArgyll waiting list*

The percentage asking for 'Amenity' or 'Sheltered Older People' housing varies by locality with a lower percentage of applications requesting 'Amenity' housing in Cowal and Oban and Lorn. These are also areas with lower provision of Accessible and Adapted Housing (Table 16.6). There are a high proportion of applicants requesting Amenity Housing in Bute and Kintyre, areas with high proportions of Accessible and Adapted Housing stock. This may reflect need but also demand based on known availability of this type of accommodation.

Waiting lists for 'Older People Sheltered' accommodation were lowest on Bute, which has a relatively high proportion of Supported accommodation. The areas with the highest proportion of people waiting for 'Older People Sheltered' accommodation were 'Mull, Iona, Coll and Tiree' and 'Islay and Jura and Colonsay'. This could reflect need for this sort of provision for people to be able to remain on these islands but may also reflect demand based on known availability of supported accommodation e.g. for the Mull & Jura progressive care centres. The proportion of the waiting list requesting 'Housing with support' was also high on Mull, Iona, Coll and Tiree.

17.2 Choice of Housing Type of people on HOMEArgyll Waiting List in 2017 as a percentage of the waiting list total in each locality

| Locality | Home Argyll Total | General needs "no" | Housing with support | Wheel-chair accessible | Older people Amenity | Older people sheltered | Older people (min) |
|------------------------|-------------------|--------------------|----------------------|------------------------|----------------------|------------------------|--------------------|
| Bute | 38 (100%) | 21% | 16% | 16% | 74% | 26% | 74% |
| Cowal | 53 (100%) | 38% | 34% | 26% | 51% | 51% | 51% |
| H&L | 88 (100%) | 39% | 28% | 33% | 63% | 41% | 63% |
| Islay and Jura | 17 (100%) | 24% | 18% | 18% | 59% | 88% | 88% |
| Kintyre | 34 (100%) | 35% | 21% | 32% | 76% | 53% | 76% |
| Mid Argyll | 55 (100%) | 35% | 22% | 33% | 60% | 53% | 60% |
| Mull etc. | 20 (100%) | 45% | 50% | 25% | 60% | 70% | 70% |
| Oban and Lorn | 91 (100%) | 43% | 32% | 29% | 43% | 51% | 51% |
| Argyll and Bute | 396 (100%) | 37% | 28% | 28% | 58% | 49% | 62% |

Source: HOMEArgyll waiting list

The number and percentages of people in each Locality on Bield waiting lists (at 31st March 2017) are shown in tables below. 69% of applicants requested retirement housing suggesting high numbers of older people requesting supported provision.

17.3 Number of people on BieldWaiting List in 2017

| Locality | Bield Total | Bield amenity | Bield retirement | Bield very sheltered | Bield mixed |
|------------------------|-------------|---------------|------------------|----------------------|-------------|
| Bute | 7 | 0 | 7 | 0 | 0 |
| Cowal | 35 | 0 | 35 | 0 | 0 |
| H&L | 64 | 23 | 36 | 0 | 5 |
| Islay and Jura | | | | | |
| Kintyre | | | | | |
| Mid Argyll | | | | | |
| Mull etc. | | | | | |
| Oban and Lorn | 62 | 12 | 38 | 8 | 4 |
| Argyll and Bute | 168 | 35 | 116 | 8 | 9 |

Source: Bield waiting list

17.4 Percentage of people waiting for each type of housing, by Locality, on BieldWaiting List in 2017

| Locality | Bield Total | Bield amenity | Bield retirement | Bield very sheltered | Bield mixed |
|------------------------|-------------------|---------------|------------------|----------------------|-------------|
| Bute | 7 (100%) | 0% | 100% | 0% | 0% |
| Cowal | 35 (100%) | 0% | 100% | 0% | 0% |
| H&L | 64 (100%) | 36% | 56% | 0% | 8% |
| Islay and Jura | | | | | |
| Kintyre | | | | | |
| Mid Argyll | | | | | |
| Mull etc. | | | | | |
| Oban and Lorn | 62 (100%) | 19% | 61% | 13% | 6% |
| Argyll and Bute | 168 (100%) | 21% | 69% | 5% | 5% |

Source: Bield waiting list

Pressure on stock and turnover of stock (pressure ratios)

Waiting list size as a percentage of the total stock available can give a measure of how significant the waiting list size is in each area. The ratio of the waiting list size to the number of properties that are let each year gives the pressure ratio for each area. A pressure ratio greater than one indicates that there are more people on the waiting list than lets available in a year. A pressure ratio of less than one indicates that there are less people on the waiting list than lets available in a year. Pressure ratios are given in the following tables for each locality area. Note however that this measure does not indicate pressure ratios in areas within each locality i.e. on different islands or settlements within a locality. For example, high pressure on Specialist provision in one area may be masked by over provision in another area. In addition, the following table does not provide pressure ratios by the number of bedrooms a property has e.g. the pressure ratio overall may be low but there may be insufficient properties of a certain size. However, the pressure ratios provided may provide an indication of relative pressure on Specialist Provision in each area.

By assuming that only people on the HOMEArgyll waiting who have selected “no” general needs provision absolutely require Specialist Provision, and by assuming that people do not appear on both HOMEArgyll and Bield waiting lists, the size of the total waiting list as a percentage of the total stock and as a percentage of the number of lets is shown below. Note that if the waiting list included all those individuals that selected specialist requirements, the numbers and percentages would be much higher. This shows highest pressure in Oban and Lorn and Helensburgh and Lomond and lowest in Bute, and Kintyre and Islay and Jura. Note that there may still be local demand within a locality area.

17.5 Overall Specialist Provision Waiting List, stock and lets and estimates of pressure for lets

| Locality | Home Argyll "no" General Needs" plus Bield | Specialist Provision Stock | Specialist Provision Lets | Waiting List as % of Stock | Pressure Ratio* |
|------------------------|--|----------------------------|---------------------------|----------------------------|-----------------|
| Bute | 15 | 238 | 30 | 6% | 0.5 |
| Cowal | 55 | 247 | 43 | 22% | 1.3 |
| H&L | 98 | 240 | 26 | 41% | 3.8 |
| Islay and Jura | 4 | 51 | 9 | 8% | 0.4 |
| Kintyre | 12 | 145 | 15 | 8% | 0.8 |
| Mid Argyll | 19 | 155 | 16 | 12% | 1.2 |
| Mull etc. | 9 | 59 | 8 | 15% | 1.1 |
| Oban and Lorn | 101 | 188 | 23 | 54% | 4.4 |
| Argyll and Bute | 313 | 1323 | 170 | 24% | 1.8 |

*Pressure Ratios (waiting list size:number of lets) shown to the nearest 0.1:1 *Source: HOMEArgyll and Bield waiting lists*

The same estimates of pressure on the available Specialist provision in each locality is shown by type of provision in the following tables. Pressure on lets of sheltered housing is estimated to be most acute in Helensburgh and Lomond with 77 people requesting this provision and a stock of 28. There is also evidence for high pressure in Oban and Lorn. Bute and Islay and Jura are the localities with the lowest pressure for this type of housing.

17.6 Older people sheltered Waiting List, Supported Housing stock and lets and estimates of pressure for lets

| Locality | Older people sheltered plus Bield not Amenity | Supported Housing Stock | Supported Housing Lets | Waiting List as % of Stock | Pressure Ratio* |
|------------------------|---|-------------------------|------------------------|----------------------------|-----------------|
| Bute | 17 | 100 | 24 | 17% | 0.5 |
| Cowal | 62 | 157 | 39 | 39% | 1.5 |
| H&L | 77 | 28 | 2 | 275% | 39.0 |
| Islay and Jura | 15 | 39 | 8 | 38% | 2.0 |
| Kintyre | 18 | 34 | 7 | 53% | 2.5 |
| Mid Argyll | 29 | 57 | 14 | 51% | 2.0 |
| Mull etc. | 14 | 31 | 4 | 45% | 3.5 |
| Oban and Lorn | 96 | 138 | 20 | 70% | 5.0 |
| Argyll and Bute | 328 | 584 | 118 | 56% | 3.0 |

*Pressure Ratios (waiting list size:number of lets) shown to the nearest 0.5:1 *Source: HOMEArgyll and Bield waiting lists*

Pressure on lets of Accessible and Adapted Housing is estimated to be most acute in Oban and Lorn and Mid Argyll. Note that the stock does not include privately adapted households or General Provision that may be adapted to some degree. The number of lets of this category are lower than for Supported Housing and properties may not come available as often in this category. Overall, the data does suggest high need for Accessible and Adapted properties. The pressure ratio for Helensburgh and Lomond is lower for this type of provision than for Supported Housing.

17.7 Older people Amenity Waiting List, Accessible and Adapted Housing stock and lets and estimates of pressure for lets

| Locality | Older people Amenity plus Bield Amenity | Accessible and Adapted Housing Stock | Accessible and Adapted Housing Lets | Waiting List as % of Stock | Pressure Ratio* |
|------------------------|---|--------------------------------------|-------------------------------------|----------------------------|-----------------|
| Bute | 28 | 132 | 5 | 21% | 6.0 |
| Cowal | 27 | 81 | 4 | 33% | 7.0 |
| H&L | 78 | 206 | 24 | 38% | 3.0 |
| Islay and Jura | 10 | 10 | 1 | 100% | 10.0 |
| Kintyre | 26 | 104 | 7 | 25% | 3.5 |
| Mid Argyll | 33 | 84 | 2 | 39% | 16.5 |
| Mull etc. | 12 | 27 | 4 | 44% | 3.0 |
| Oban and Lorn | 51 | 38 | 3 | 134% | 17.0 |
| Argyll and Bute | 265 | 682 | 50 | 39% | 5.5 |

*Pressure Ratios (waiting list size:number of lets) shown to the nearest 0.5:1 Source: HOMEArgyll and Bield waiting lists

The number of lets of wheelchair accessible housing is very low and so the estimates of pressure ratios are high. The overall numbers of people requesting this provision is also low compared to other types of provision. The data suggest that there is more demand for wheelchair accessible housing. The highest numbers of people are within the areas with the highest population i.e. Helensburgh and Lomond and in Oban and Lorn. The number of people requiring Wheelchair accessible housing may be overestimated in this data (see section 17 on the Wheelchair Accessible Housing waiting List from HOMEArgyll).

17.8 Wheelchair accessible Waiting List, Housing stock and lets and estimates of pressure for lets

| Locality | Wheelchair Accessible | Wheelchair Accessible Stock | Wheelchair Accessible Lets | Waiting List as % of Stock | Pressure Ratio* |
|------------------------|-----------------------|-----------------------------|----------------------------|----------------------------|-----------------|
| Bute | 6 | 6 | 1 | 100% | 6.0 |
| Cowal | 14 | 9 | | 156% | High |
| H&L | 29 | 6 | | 483% | High |
| Islay and Jura & Col. | 3 | 2 | | 150% | High |
| Kintyre | 11 | 7 | 1 | 157% | 11.0 |
| Mid Argyll | 18 | 14 | | 129% | High |
| Mull etc. | 5 | 1 | | 500% | High |
| Oban and Lorn | 26 | 12 | | 217% | High |
| Argyll and Bute | 112 | 57 | 2 | 196% | 56.0 |

*Pressure Ratios (waiting list size:number of lets) shown to the nearest 0.5:1 *Source: HOMEArgyll and Bield waiting lists*

Waiting List – Bedroom sizes

The waiting list, by number of bedrooms, is shown below. The highest demand is for accommodation with no bedrooms (i.e. bedsit/studio accommodation). There is more demand for higher numbers of bedrooms in Wheelchair Accessible Housing.

17.9 Waiting List for Specialist Provision by Type of Housing and number of bedrooms

| Type of Housing | Number of bedrooms | | | | |
|------------------------|--------------------|------------|------------|-----------|----------|
| | 0 | 1 | 2 | 3 | 4+ |
| Bield amenity | 27 | 7 | 1 | | |
| Bield mixed | 8 | 1 | | | |
| Bield retirement | 93 | 22 | 1 | | |
| Bield very sheltered | 7 | 1 | | | |
| “No” General needs | 101 | 20 | 18 | 3 | 3 |
| Housing with support | 76 | 11 | 19 | 3 | 1 |
| Older Amenity | 163 | 28 | 38 | 1 | 0 |
| Older Supported | 148 | 25 | 22 | 0 | 0 |
| Wheelchair Accessible | 54 | 14 | 30 | 10 | 4 |
| Argyll and Bute | 677 | 129 | 129 | 17 | 8 |

Source: HOMEArgyll and Bield waiting lists

17.10 Waiting List for Specialist Provision by Type of Housing and number of bedrooms, shown as a percentage of the total for each type of Housing.

| Row Labels | Number of bedrooms | | | | |
|------------------------|--------------------|------------|------------|-----------|-----------|
| | 0 | 1 | 2 | 3 | 4+ |
| Bield amenity | 77% | 20% | 3% | 0% | 0% |
| Bield mixed | 89% | 11% | 0% | 0% | 0% |
| Bield retirement | 80% | 19% | 1% | 0% | 0% |
| Bield very sheltered | 88% | 13% | 0% | 0% | 0% |
| “No” General needs | 70% | 14% | 12% | 2% | 2% |
| Housing with support | 69% | 10% | 17% | 3% | 1% |
| Older Amenity | 71% | 12% | 17% | 0% | 0% |
| Older Supported | 76% | 13% | 11% | 0% | 0% |
| Wheelchair Accessible | 48% | 13% | 27% | 9% | 4% |
| Argyll and Bute | 71% | 13% | 13% | 2% | 1% |

Source: HOMEArgyll and Bield waiting lists

HOMEArgyll waiting list – further analysis

Further analysis of the HOMEArgyll waiting list is provided in appendix IV. This shows that the housing options that people select may not provide a reliable indication of the housing support that they need. Table 17.11 shows a summary of some of the data in appendix IV. Note that some of the people that only selected one of the housing options did not receive any points according to the housing allocation policy. This indicates that, according to the allocation policy, they did not really need that form of housing. The total stock and lets (including stock and lets from Bield) and the pressure ratios using these are also provided. Note that this is likely to underestimate pressure ratios for supported and amenity accommodation because of the inclusion of Bield stock. Although the numbers who only selected a certain housing option were much lower than the totals for each option, there is still considerable pressure for wheelchair accessible housing due to the lower number of lets of this type of housing. Note that there may be people who do need some sort of specialist provision but that who select more than one option, perhaps to attempt to maximise their chance of receiving accommodation or because they do not have a good understanding of the option available. These people won't be included in the calculation of these pressure ratios. Table 17.11 covers Argyll and Bute as a whole and there may be higher need in some local areas than in others.

17.11 The HOMEArgyll waiting list - those only one housing option selected

| | HOMEArgyll waiting list | | | |
|---|-------------------------|------------------------|------------------------|----------------------|
| | Housing with support | Older people sheltered | Wheel-chair accessible | Older people Amenity |
| Total people who selected option | 108 | 187 | 116 | 234 |
| Number who <i>only</i> selected option | 12 | 25 | 27 | 11 |
| Of those who <i>only</i> selected option, those with 0 points | 6 | 5 | 8 | 2 |
| Of those who <i>only</i> selected option, those with maximum of 200 points | 5 | 1 | 7 | 0 |
| Total Stock | 584 | | 57 | 682 |
| Total lets | 118 | | 2 | 50 |
| Pressure ratio (those who selected that option only) | 0.31 | | 14 | 0.22 |
| Pressure ratio (those who selected that option only and received some points) | 0.22 | | 10 | 0.18 |

Key points:

- There are two waiting lists for specialist RSL housing in Argyll and Bute – HOMEArgyll and Bield. It is assumed that people are generally not on both waiting lists.
- 73% of those on the HOMEArgyll waiting list who wouldn't accept general provision were aged 60 or older. At least 60% selected some form of housing option designed for older people. 69% of those waiting for specialist provision from Bield requested retirement houses.
- The type of housing requested may partly reflect known housing options within a local area e.g. for support housing on Mull.
- Pressure ratios (the number cases on the waiting list for each property that because available to let in a year) can indicate the demand for each type of specialist provision in each area.
- A pressure ratio greater than one indicates that there are more people on the waiting list than lets available in a year. A pressure ratio of less than one indicates that there are less people on the waiting list than lets available in a year.

- Pressure ratios were calculated for each HSCP planning area. Note that this will not indicate need within smaller areas within each locality.
- Overall, the pressure ratios for specialist provision were highest in Oban and Lorn and Helensburgh and Lomond and lowest in Bute, and Kintyre and Islay and Jura.
- Pressure on lets of sheltered housing is estimated to be most acute in Helensburgh and Lomond with 77 people requesting this provision and a stock of 28. There is also evidence for high pressure in Oban and Lorn. Bute and Islay and Jura are the localities with the lowest pressure for this type of housing.
- Pressure on lets of Accessible and Adapted Housing is estimated to be most acute in Oban and Lorn and in Mid Argyll. Note that the stock does not include privately adapted households or General Provision that may be adapted to some degree. The number of lets of this category are lower than for Supported Housing and properties may not come available as often in this category. Overall, the data suggested higher pressure for Accessible and Adapted properties than for supported properties. In Helensburgh and Lomond, the pressure ratio for accessible and adapted housing is lower than for Supported Housing.
- The highest pressure ratio is for wheelchair supported housing where, although demand is lower than for other types of specialist provision, the amount of stock let is even smaller.
- There are known to be inaccuracies in the waiting list data which are based on self-selection of the type of specialist provision required.
- The specialist provision property size with the highest demand is accommodation with no bedrooms (i.e. bedsit/studio accommodation). Those requesting Wheelchair Accessible Housing are more likely to request higher numbers of bedrooms.

18. Health and Social Care and Housing – Survey Results

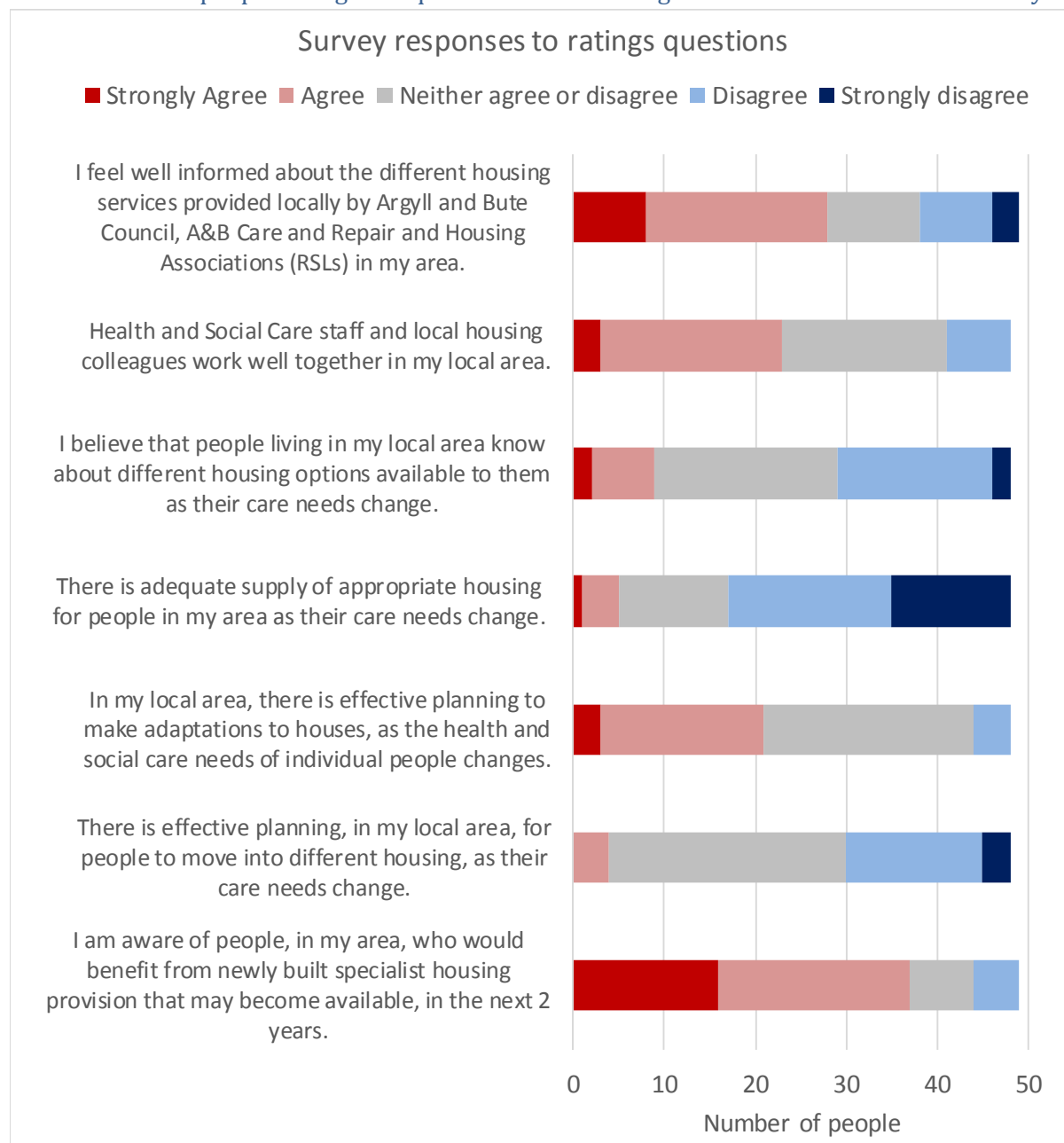
A survey, provided in appendix V, was emailed to Health and Social Care and housing contacts. 49 people completed the survey and responses represented the following areas and roles. There were low numbers of responses from some, particularly smaller areas. There were no HSCP responses from Colonsay, Kintyre or Tiree, unless the one “Prefer not to say” from Tiree was from the HSCP. No areas had responses from all groupings although there were responses for Argyll and Bute as a whole from the HSCP, Council Housing services and from Care and Repair. Housing providers included one RSL representative and 2 unit managers. HSCP colleagues included three social workers, four community team members, four OTs and one AHP and one area manager. Others included one LPG member, one welfare rights worker, one pharmacist, one carers support works and an administrator.

18.1 Role of respondents and areas they provided information about

| Area | Role - grouping | | | | | | | Total |
|----------------------------------|-----------------|--------------------------|----------|------------------|-----------|----------|-------------------|-----------|
| | Care and Repair | Council Housing Services | GP | Housing provider | HSCP | Other | Prefer not to say | |
| Argyll and Bute (A&B) as a whole | 2 | 1 | | | 3 | | | 6 |
| Bute | 1 | | | | 2 | 1 | 1 | 5 |
| Colonsay | | | 1 | | | | | 1 |
| Cowal | | 2 | | | 2 | 2 | 3 | 9 |
| Helensburgh and Lomond | 3 | 1 | 1 | | 1 | 1 | 1 | 8 |
| Islay and Jura | | | | | 1 | | 1 | 2 |
| Kintyre | 2 | | 1 | 1 | | | | 4 |
| Mid Argyll | | | | | 1 | 1 | | 2 |
| Oban, Lorn and Inner Isles | 1 | 3 | | 1 | 3 | | 2 | 10 |
| Tiree | | | | 1 | | | 1 | 2 |
| Total | 9 | 7 | 3 | 3 | 13 | 5 | 9 | 49 |

The overall responses for each of the ratings questions are shown in 18.2 below. People were most likely to disagree with the statement that there, “There is adequate supply of appropriate housing for people in my area as their care needs change.” There were also low numbers of people agreeing with the statements, “I believe that people living in my local area know about different housing options available to them as their care needs change,” and “There is effective planning, in my local area, for people to move into different housing, as their care needs change.” A relatively high proportion of people agreed or strongly agreed that they were well informed about housing services, that Health and Social Care staff and local housing colleagues work well together and that they were aware of people who would benefit from newly built specialist housing.

18.2 Numbers of people rating each question of the housing and health and social care survey



The results for each question are provided in more detail in the following text and tables.

HSCP colleagues were most likely to disagree with the statement that they were well informed about different housing services. Twenty comments were received elaborating on the responses provided and providing information on “What source(s) of information do you use about housing services?”. These are shown in full in table 18.4. Themes were identified in the responses and the number of people whose comments fell under each theme were counted. The information people provided could be counted under more than one theme. The most common sources were contacts with

colleagues in different organisations, professional knowledge (or housing staff), the press and websites.

18.3 I feel well informed about the different housing services provided locally by Argyll and Bute Council, A&B Care and Repair and Housing Associations (RSLs) in my area.

| Role - grouping | Agree or strongly agree | Neither agree or disagree | Disagree or Strongly Disagree | Total |
|--------------------------|-------------------------|---------------------------|-------------------------------|-----------|
| Care and Repair | 8 | | 1 | 9 |
| Council Housing Services | 6 | 1 | | 7 |
| GP | 1 | 1 | 1 | 3 |
| Housing provider | 1 | 1 | 1 | 3 |
| HSCP | 5 | 2 | 6 | 13 |
| Other | 3 | 1 | 1 | 5 |
| Prefer not to say | 4 | 4 | 1 | 9 |
| Total | 28 | 10 | 11 | 49 |

18.4 What source(s) of information do you use about housing services?

| Sources of housing information - themes | Number of people |
|---|------------------|
| colleagues in other organisations/specific contacts | 6 |
| professional knowledge | 4 |
| RSL and other websites | 3 |
| press | 2 |
| council housing website | 2 |
| ABAN | 1 |
| strategic housing forum | 1 |
| care and repair on social media | 1 |
| active in local community | 1 |
| experience and networking | 1 |

Note that the information people provided could be counted under more than one theme.

Although many people did feel well informed and there are examples of partnership working (e.g. co-location of different staff within the same office in Oban and Lorn), there is evidence that some people are not accessing information or that they are not finding information easy to access. Concern was also raised that the public might not know where to find information.

18.5 Health and Social Care staff and local housing colleagues work well together in my local area.

| Area | Agree or strongly agree | Neither agree or disagree | Disagree or Strongly Disagree | Total |
|----------------------------------|-------------------------|---------------------------|-------------------------------|-----------|
| Argyll and Bute (A&B) as a whole | 2 | 2 | 1 | 5 |
| Bute | 2 | 3 | | 5 |
| Colonsay | 1 | | | 1 |
| Cowal | 3 | 5 | 1 | 9 |
| Helensburgh and Lomond | 5 | 1 | 2 | 8 |
| Islay and Jura | | 1 | 1 | 2 |
| Kintyre | 3 | 1 | | 4 |
| Mid Argyll | 1 | 1 | | 2 |
| Oban, Lorn and Inner Isles | 6 | 3 | 1 | 10 |
| Tiree | | 1 | 1 | 2 |
| Total | 23 | 18 | 7 | 48 |

Only 7 people disagreed that HSCP and local housing colleagues worked well together and there was no particular location or staffing group that disagreed. People were also asked to comment and asked, “How does this happen? What formal or informal structures are in place? Do you have named contacts?” Twenty-one people provided comments. Themes from these comments are shown in Table 18.6. The most common methods of joint working were formal meetings and informal networking. There is evidence for recent improvements with meetings being set up. Some responses, from different people, were contradictory e.g. a comment that there were better strategic links but another suggesting a lack of cohesion at a strategic level. It may have been more appropriate to ask separately about working between the HSCP and the three different housing groups i.e. Care and Repair services, Council housing staff and local RSL representatives. For example, in Helensburgh and Lomond, one person from Care and Repair said that there were formal meetings with OT and sometimes social work, but someone from Housing services said that there was no formal structure between council housing services and HSCP. Two comments were received from HSCP staff expressing that they did not think that the suitability of housing was assessed sufficiently before people moved. Another member of HSCP staff felt that the housing allocation procedure did not take into account a need to have people with similar needs (e.g. overnight support) located near each other.

18.6 How does this happen? What formal or informal structures are in place? Do you have named contacts?

| Joint working - themes | Number of people |
|--|------------------|
| Formal meetings | 5 |
| Networking | 3 |
| Lack of assessment of housing suitability | 2 |
| Communication poor/could be better | 2 |
| better strategic links in Housing Forum and New-build supply meetings | 1 |
| Lack of cohesion at strategic level | 1 |
| C&R provide quarterly stats to Council and HSCP | 1 |
| Social workers have named contacts | 1 |
| No formal meetings | 1 |
| Allocation process doesn't take into account need to be near to others needing overnight support | 1 |
| Recent improvements | 1 |
| Good links with OTs but not other staff | 1 |
| Limited links with energy efficiency and fuel poverty and HSCP | 1 |

Note that the information people provided could be counted under more than one theme.

People were asked, in the survey, whether they thought that local people know about different housing options available to them. Nineteen people disagreed with this. Different people, commenting about the same area, sometimes gave very different responses.

18.7 I believe that people living in my local area know about different housing options available to them as their care needs change

| Area | Agree or strongly agree | Neither agree or disagree | Disagree or Strongly Disagree | Total |
|----------------------------------|-------------------------|---------------------------|-------------------------------|-----------|
| Argyll and Bute (A&B) as a whole | | 2 | 3 | 5 |
| Bute | 1 | 4 | | 5 |
| Colonsay | 1 | | | 1 |
| Cowal | 1 | 5 | 3 | 9 |
| Helensburgh and Lomond | 1 | 3 | 4 | 8 |
| Islay and Jura | | 1 | 1 | 2 |
| Kintyre | 2 | | 2 | 4 |
| Mid Argyll | | 2 | | 2 |
| Oban, Lorn and Inner Isles | 3 | 3 | 4 | 10 |
| Tiree | | | 2 | 2 |
| Total | 9 | 20 | 19 | 48 |

Themes from the comments received are displayed in Table 18.8. The most common theme was that people in contact with services were informed. This was sometimes quite positively put, that people do receive a lot of information once in contact with services. It was also often suggested that people not in contact with services were not well informed and people relied on signposting from services that they came into contact with. Two people commented that the expectations that people have of housing options are often unrealistic.

18.8 How do people get information on their local housing options? Do people know how to access or apply for specialist housing?

| Know housing options - themes | Number of people |
|---|------------------|
| People are informed if they are receiving services | 7 |
| Not much/little provided/people not aware | 6 |
| Inaccurate perceptions/expectations in general population | 2 |
| Multiple applications necessary | 2 |
| Press | 1 |
| Lack of sheltered housing | 1 |
| I don't know | 1 |
| often only 2 options: own home or care home | 1 |
| well informed | 1 |
| Too much emphasis on staying "At home" | 1 |
| Information is online and not always accessible | 1 |
| varying levels of awareness | 1 |

Note that the information people provided could be counted under more than one theme.

People were very likely to Disagree or Strongly Disagree that there is an adequate supply of appropriate housing in their area. However, Bute, Cowal and Kintyre had at least one person agree that there was adequate housing. Twenty-seven people provided comments on gaps in housing provision. These highlighted wheelchair accessible housing and housing for people with the most complex needs. There were also two comments expressing that, with improvement in joint working, better use could be made of existing stock or of new build opportunities. Two people, one for the Cowal area and one for Argyll and Bute as a whole, identified a need for larger houses for people with many children or living in multigenerational houses.

18.9 There is adequate supply of appropriate housing for people in my area as their care needs change.

| Area | Agree or strongly agree | Neither agree or disagree | Disagree or Strongly Disagree | Total |
|----------------------------------|-------------------------|---------------------------|-------------------------------|-----------|
| Argyll and Bute (A&B) as a whole | 1 | 1 | 4 | 6 |
| Bute | 1 | 2 | 2 | 5 |
| Colonsay | | | 1 | 1 |
| Cowal | 2 | 1 | 5 | 8 |
| Helensburgh and Lomond | | 3 | 5 | 8 |
| Islay and Jura | | 1 | 1 | 2 |
| Kintyre | 1 | | 3 | 4 |
| Mid Argyll | | | 2 | 2 |
| Oban, Lorn and Inner Isles | | 4 | 6 | 10 |
| Tiree | | | 2 | 2 |
| Total | 5 | 12 | 31 | 48 |

18.10 Are you aware of gaps in housing provision?

| Adequate housing - themes | Number of people |
|--|------------------|
| Insufficient wheelchair accessible/ground floor housing | 7 |
| Need for houses of multiple occupancy, shared living arrangements, very sheltered, assisted living | 6 |
| Not enough specialist provision (people stuck in hospital/long waits) | 5 |
| Shortage for those with greater needs | 4 |
| Insufficient adapted housing | 2 |
| Need for 3-4 bed houses | 2 |
| Large waiting lists for all housing (not just specialist provision) | 2 |
| More forward planning for best use of existing/new build stock | 2 |
| Possible gaps in rural and remote areas and islands | 1 |
| Not enough wheelchair accessible or adapted to meet future needs | 1 |
| Lack of residential placements | 1 |
| Planning for Faslane expansion needed | 1 |
| Bathing facilities in properties is poor leading to need for adaptations | 1 |
| Low supply of affordable housing in Islay and Jura | 1 |
| Low supply of 1-bed houses in Caradale | 1 |
| Lack of suitable properties in private sector - adaptations are then needed | 1 |
| Shortage for younger people | 1 |
| Don't know | 1 |
| Lack of supported housing for learning disability | 1 |

Note that the information people provided could be counted under more than one theme.

People were asked if there was effective planning for adaptations to houses, as the health and social care needs of individual people changes. Only four people disagreed with this statement but the twenty-four comments provided illustrated some of the challenges with adaptations to properties. The most common theme was about the long time it takes for adaptations to be carried out. Three people noted the lack of sufficient finance for adaptations. Three people commented that there was good working people OTs and Care and Repair or housing services. Two people expressed that there wasn't good planning for adaptations within the RSL sector. Two people thought that adaptations were reactive and not planned for ahead of need.

18.11 In my local area, there is effective planning to make adaptations to houses, as the health and social care needs of individual people changes.

| Area | Agree or strongly agree | Neither agree or disagree | Disagree or Strongly Disagree | Total |
|----------------------------------|-------------------------|---------------------------|-------------------------------|-----------|
| Argyll and Bute (A&B) as a whole | 1 | 4 | 1 | 6 |
| Bute | 2 | 3 | | 5 |
| Colonsay | 1 | | | 1 |
| Cowal | 4 | 5 | | 9 |
| Helensburgh and Lomond | 4 | 3 | 1 | 8 |
| Islay and Jura | | 1 | | 1 |
| Kintyre | 2 | 2 | | 4 |
| Mid Argyll | 1 | | 1 | 2 |
| Oban, Lorn and Inner Isles | 5 | 4 | 1 | 10 |
| Tiree | 1 | 1 | | 2 |
| Total | 21 | 23 | 4 | 48 |

18.12. Effective planning for adaptations. How does this happen?

| Effective planning for adaptations - themes | Number of people |
|---|------------------|
| Does not happen quickly enough | 8 |
| Don't know | 5 |
| Good planning between OTs and housing/care and repair | 3 |
| Limited finance for adaptations | 3 |
| Reactive, not planned | 2 |
| Planning in private sector, not RSLs or private tenancies | 2 |
| Barriers to adaptations in rented estate properties | 1 |
| Difficulty of having specially adapted houses when then no longer needed. | 1 |
| Common housing register not sufficient - HSCP need to have staff to contact housing staff when needed | 1 |
| Role of Care and Repair essential | 1 |
| OT delays due to waiting list/contractors/clients/families/funding | 1 |
| Lack of information on properties that are suitable for adaptation | 1 |

Note that the information people provided could be counted under more than one theme.

Eighteen people disagreed that there was effective planning for people to move into different housing, as their care needs change. Only four people agreed with this statement. Twenty-five people provided comments on planning for moving house. The most common theme was a lack of appropriate housing to move to. There were also comments that moving house was a slow process compared to fast changing needs and that planning for moving wasn't necessarily appropriate as the aim was to care for people in their own homes.

18.13 There is effective planning, in my local area, for people to move into different housing, as their care needs change.

| Area | Agree or strongly agree | Neither agree or disagree | Disagree or Strongly Disagree | Total |
|----------------------------------|-------------------------|---------------------------|-------------------------------|-----------|
| Argyll and Bute (A&B) as a whole | 1 | 2 | 3 | 6 |
| Bute | 1 | 2 | 2 | 5 |
| Colonsay | | | 1 | 1 |
| Cowal | 2 | 4 | 2 | 8 |
| Helensburgh and Lomond | | 7 | 1 | 8 |
| Islay and Jura | | | 2 | 2 |
| Kintyre | | 3 | 1 | 4 |
| Mid Argyll | | 1 | 1 | 2 |
| Oban, Lorn and Inner Isles | | 7 | 3 | 10 |
| Tiree | | | 2 | 2 |
| Total | 4 | 26 | 18 | 48 |

18.13 There is effective planning, in my local area, for people to move into different housing, as their care needs change. How does this happen?

| Effective planning for moving - themes | Number of people |
|--|------------------|
| Can't plan/long waits as appropriate housing not available | 7 |
| Don't know | 4 |
| Doesn't happen a lot/not aware of plans | 2 |
| Where there is specialist need for families, perhaps needs to be reactive. | 1 |
| Often have to move out of area | 1 |
| Crisis management and bed blocking | 1 |
| Think this is reactive | 1 |
| Lacks coordination | 1 |
| People who see lack of housing need to link with people who know where housing is. | 1 |
| Limited options in private sector if adaptations not available/appropriate | 1 |
| Lack of knowledge of options prevents planning | 1 |
| Lack of information on future care requirements | 1 |
| Needs can change quickly. Moving house is a slow process. | 1 |
| Not necessarily appropriate to move home. Try to plan for people to stay in their own homes. | 1 |
| Good planning through LHS and SHIP | 1 |

Note that the information people provided could be counted under more than one theme.

Thirty-seven respondents were aware of people who would benefit from newly built, specialist housing provision. Twenty-four people provided comments. People were most likely to mention cases that were already in touch with housing services. People also provided comments expressing general needs, particularly for accessible housing.

18.15 I am aware of people, in my area, who would benefit from newly built specialist housing provision that may become available, in the next 2 years.

| Area | Agree or strongly agree | Neither agree or disagree | Disagree or Strongly Disagree | Total |
|----------------------------------|-------------------------|---------------------------|-------------------------------|-----------|
| Argyll and Bute (A&B) as a whole | 4 | 1 | 1 | 6 |
| Bute | 4 | 1 | | 5 |
| Colonsay | 1 | | | 1 |
| Cowal | 8 | | 1 | 9 |
| Helensburgh and Lomond | 5 | 2 | 1 | 8 |
| Islay and Jura | 1 | 1 | | 2 |
| Kintyre | 2 | 2 | | 4 |
| Mid Argyll | 2 | | | 2 |
| Oban, Lorn and Inner Isles | 9 | | 1 | 10 |
| Tiree | 1 | | 1 | 2 |
| Total | 37 | 7 | 5 | 49 |

18.16 Can you give any indication of the extent of the potential need e.g. how many households, what broadly are their needs, and what type of housing would they require? Do you know if these people have engaged with housing services?

| Aware of specific needs - themes | Number of people |
|--|------------------|
| Aware of specific cases and have given advise or they are in touch with housing services | 10 |
| General need for accessible/retirement/wheelchair accessible housing | 6 |
| Don't know | 3 |
| Specific need for wheelchair or accessible property identified | 2 |
| Specialist housing need could be met better | 1 |
| Need for more than 2 people sharing | 1 |
| 4-5 purpose-built properties on Bute | 1 |
| Need for social housing and specialist provision on Colonsay | 1 |
| Need on for people with learning disability on Cowal | 1 |
| Respite/holiday facility for young people with learning disability would be useful | 1 |
| Need for families with autistic children requiring own rooms | 1 |
| Mental Health supported housing | 1 |
| General need for housing that is flexible and has good space for adaptations | 1 |
| Need for sheltered housing | 1 |

Note that the information people provided could be counted under more than one theme.

People were asked to provide additional comments if they wished and fourteen people provided comments. Most of these reiterated themes that appeared in response to other questions. Two people expressed a concern for insufficient home care provision, if people are looked after at home. Needs for affordable housing were expressed for Colonsay and in close proximity to Tobermory on Mull. This was also expressed for Islay and Jura in other answers. These are based on information from few people and further investigation of is needed.

Key points:

Survey responses highlighted:

- Unmet demand for ground floor, accessible and wheelchair accessible properties.
- A concern for lack of opportunities for people to move into sheltered accommodation.
- Need to improve the knowledge in the general population on housing options and taking into consideration that some people do not access information online.
- There are some good examples of joint working and some recent improvements in joint working, including at a strategic level.
- The importance of contacts and networking between staff was highlighted.
- It would be useful to increase knowledge of contacts in both HSCP and housing services, in different sectors.
- Challenges to provision of adaptations of sufficient funding and the time involved in accessing and completing adaptations.
- Potential for improvements in allocation of existing specialist provision.
- There was some perception of a lack of information/difficulty of assessing future needs.

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Appendix I Scottish Government 6-fold Urban –Rural Classification

| | |
|---------------------------------|--|
| 1 Large Urban Areas | Settlements of 125,000 or more people. |
| 2 Other Urban Areas | Settlements of 10,000 to 124,999 people. |
| 3 Accessible Small Towns | Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more. |
| 4 Remote Small Towns | Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more. |
| 5 Accessible Rural | Areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more. |
| 6 Remote Rural | Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more. |

Appendix II Reasons for delay in discharge

| Scottish Government | | | Local |
|---------------------|--------------------|---|-------------------------------|
| Code | Grouping | Reason | Source of delay |
| 11A | Assessment | Awaiting commencement of post-hospital social care assessment | Assessment |
| 11B | | Awaiting completion of post-hospital social care assessment | Assessment |
| 25A | Care Arrangements | own home – awaiting procurement/delivery of equipment/adaptations fitted | Equipment/Adaptations at home |
| 25D | | own home – awaiting social support (non-availability of services) | Social Support at home |
| 25E | | Re-housing provision (including sheltered housing and homeless patients) | Rehousing |
| 25F | | Awaiting completion of arrangements for Care Home placement | Care Home |
| 9 | Complex Needs | Adults with Incapacity Act | Incapacity Act |
| | | Awaiting completion of complex care arrangements - own home | Complex support at home |
| | | Awaiting place availability in Specialist Facility for high level older age groups (65+) | Specialist Facility |
| | | Awaiting place availability in Specialist Facility for high level younger age groups (<65) | Specialist Facility |
| | | Care Home/facility closed | Care Home |
| 67 | Disagreements | Disagreement between patient/carer/family and health and social care | Other |
| 61 | | Internal family dispute issues (including dispute between patient and carer) | Other |
| 52 | Legal/ Financial | Financial and personal assets problem - e.g. confirming financial assessment | Other |
| 51 | | Legal issues - e.g. informed consent and/or adult protection issues | Other |
| 73 | Other | Family/relatives arranging care | Other |
| 74 | | Other patient/carer/family-related reason | Other |
| 24B | Place Availability | Independent Residential Home | Care Home |
| 24A | | Local Authority Residential Home | Care Home |
| 24C | | Awaiting place availability in Nursing Home | Care Home |
| 24D | | Awaiting place availability in Specialist Residential Facility for younger age groups (<65) | Specialist Facility |
| | Unknown | Unknown | Other |

Source: Delayed Discharge National Data Requirements 1st July 2016, [ISD Scotland](#)

Appendix III Details of Online Data sources

National Records of Scotland

<https://www.nrscotland.gov.uk/statistics-and-data>

Scottish House Condition Survey

<http://www.gov.scot/Topics/Statistics/SHCS/Downloads>

Datazones

<https://data.gov.uk/dataset/data-zone-boundaries-2011>

Best fit of datazones to locality areas

<http://healthyargyllandbute.co.uk/local-information/local-area-data/look-ups-argyll-and-bute/>

Scottish Government Urban-Rural Classification

<http://www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification>

Scottish Index of Multiple Deprivation

<http://www.gov.scot/Topics/Statistics/SIMD>

Scottish Public Health Observatory (ScotPHO)

<http://www.scotpho.org.uk/>

Scottish Statistics

<http://statistics.gov.scot/>

Department for Work and Pensions

<https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml>

<https://www.gov.uk/government/organisations/department-for-work-pensions>

Housing and Health and Care Needs – July 2018

NHS National Services Scotland – GP QOF data

<http://www.isdscotland.org/Health-Topics/General-Practice/>

Dementia prevalence estimates: Alzheimer’s Society, Dementia UK update, 2014

https://www.alzheimers.org.uk/download/downloads/id/2323/dementia_uk_update.pdf

Scottish government Social care statistics 2016

<https://beta.gov.scot/publications/social-care-services-scotland-2016/>

Free Personal and Nursing Care (FPNC). 2017

<https://beta.gov.scot/publications/free-personal-nursing-care-scotland-2015-16/>

Appendix IV Further details of HOMEArgyll waiting list for Specialist Provision

Further details from the HOMEArgyll waiting list are provided below.

Further Detail - Wheelchair Accessible Housing – Home Argyll Waiting List

116 applicants (5% of total) selected “Yes” for wheelchair accessible housing, however of these **only 27** did not select any other options too, including general needs/mainstream housing. (Of the 27 wheelchair accommodation only applicants, however, 8 also stated that they had no disability and had received 0 points via the allocation policy.) 7 applicants were awarded a maximum 200 points and are therefore in high priority need.

12 said they use a wheelchair all the time, and 10 said only sometimes; while 10 said they use a wheelchair both indoors and outdoors, and 10 said they use it outdoors only.

17 applicants were on the General Waiting List; 9 on the Transfer List; and 1 on the Homeless List. 1 has severe health issues and 2 have urgent health issues.

13 were single persons; 10 were two-person households; 1 was three-person household; 2 were four-persons; and 1 was a five-person household.

In terms of minimum bedrooms required:

17 x 1 bed; 6 x 2 beds; 2 x 3 beds; 1 x 4 beds; 1 x 5 beds.

| 1 st Area of Preference | Nos of Applicants for Wheelchair Accessible (Only) |
|------------------------------------|--|
| Ardbeg | 1 |
| Ardrishaig | 1 |
| Benderloch | 1 |
| Campbeltown | 2 |
| Colonsay | 1 |
| Helensburgh | 7 |
| Dunbeg | 1 |
| Dunoon | 1 |
| Islay | 1 |
| Lochgilphead | 4 |
| Mull-Tobermory | 1 |
| North Connel | 2 |
| Oban | 2 |
| Rothesay | 2 |

| Current housing circumstances | Nos of Applicants for Wheelchair Accessible (only) |
|----------------------------------|--|
| RSL Rented | 12 |
| Living with Parents | 4 |
| Owens own home | 4 |
| Private Renting | 3 |
| Rents from other Local Authority | 2 |
| Lodger | 1 |
| Caravan/B&B/Mobile Home | 1 |

22 state their medical condition is affected by current housing circumstances and 18 need regular care or support

18 say their health condition would be improved by moving

19 state that adaptations would help; and 2 would keep their current property if it was adapted

20 are resident in Argyll & Bute; 5 are located elsewhere in Scotland; 1 in England; and 1 is unknown.

In addition to the 27 applicants seeking wheelchair accommodation only, there are 89 applicants who selected this as one of multiple options; including 68 who also selected General Needs/ Mainstream housing.

Considering all applicants expressing an interest in Wheelchair Accommodation (including those who also selected general needs or other provision) the geographic breakdown is summarised below:

| Area of 1st Preference | All Applicants for Wheelchair Housing |
|------------------------|---------------------------------------|
| Helensburgh | 21 |
| Oban | 13 |
| Lochgilphead | 12 |
| Dunoon | 11 |
| Campbeltown | 9 |
| Rothesay | 9 |
| Mull | 4 |
| Islay | 3 |
| Ardrishaig | 3 |
| Tarbert | 3 |

The following areas all had one or two applicants for wheelchair accommodation:-

| Applicants for Wheelchair Housing | 1 st Area of Preference |
|-----------------------------------|--|
| 1 | Ardbeg; Benderloch; Cairnbaan; Carradale; Colonsay; Connel; Invereray; Luss; Port Bannatyne; Rhu; Sandbank |
| 2 | Arrochar; Cardross; Dunbeg; North Connel; Strachur |

Around 60% of all applicants interested in wheelchair accommodation are aged 55 or over and 40% are aged between 20 and 54. The age breakdown of the older applicants was:

| Age Band | Nos of Applicants |
|----------|-------------------|
| 55-60 | 14 |
| 61-70 | 31 |
| 71-80 | 10 |
| 81+ | 14 |

Further Detail - Housing with Support - HOMEArgyll Waiting List

108 applicants (5% of total) selected “Yes” for Housing with Support, however of these **only 12** did not select any other options too, including general needs/mainstream housing. (In addition, of the 12 Housing with Support only applicants, 6 also stated that they had no disability and had received 0 points via the allocation policy.) 5 applicants were awarded a maximum 200 points and are therefore in high priority need.

11 applicants were on the General Waiting List; and 1 on the Homeless List.

3 have urgent health issues and 5 stated their medical condition was affected by their current home

10 were single persons; and 2 were two-person households,

In terms of minimum bedrooms required: 9 x 0 bed (studio/bedsit); 1 x 1 bed; 2 x 2 beds;

| 1 st Area of Preference | Nos of Applicants for Housing with Support (Only) | All Applicants for Housing with Support (plus other specialist or general needs accommodation) |
|------------------------------------|---|--|
| Ardbeg | | |
| Ardrishaig | | 2 |
| Benderloch | | 1 |
| Cairnbaan | | 1 |
| Campbeltown | 1 | 4 |
| Cardross | | 2 |
| Carradale | | 2 |
| Coll | | |
| Colonsay | | 1 |
| Helensburgh | 4 | 19 |
| Dalmally | | 1 |
| Dunbeg | | 2 |
| Dunoon | | 13 |
| Garelochhead | | 1 |
| Inveraray | | 1 |
| Iona | | 1 |
| Islay | | 4 |
| Lochgilphead | | 4 |
| Lochgolhead | | 2 |
| Mull-Craignure | 4 | 14 |
| North Connel | | |
| Oban | 2 | 17 |
| Rhu | | 3 |
| Rothesay | 1 | 5 |
| Sandbank | | 1 |
| Strachur | | 2 |
| Tarbert | | 4 |
| Taynuilt | | 1 |

| Current housing circumstances | Nos of Applicants for Housing with Support (only) |
|----------------------------------|---|
| RSL Rented | 2 |
| Living with Parents | 4 |
| Owns own home | 1 |
| Private Renting | 1 |
| Rents from other Local Authority | 1 |
| Hostel/B&B/Refuge | 1 |
| Living with friends/relatives | 2 |

In terms of Age:

| Age Range | Nos of Applicants (Housing with Support Only) |
|-----------|---|
| 20-25 | 3 |
| 30-55 | 5 |
| 60-65 | 1 |
| 80-100 | 3 |

3 applicants have a learning disability; 4 have mental health issues; 2 have mobility issues; 3 have progressive disability/chronic condition.

All 12 are resident in Argyll & Bute

Further Detail - Amenity Housing for Elderly – HOMEArgyll Waiting List

234 applicants (10% of total) selected “Yes” for Amenity Housing, however of these **only 11** did not select any other options too, including general needs/mainstream housing. (In addition, of the 11 Amenity only applicants, 2 had received 0 points via the allocation policy.) None of these applicants were awarded a maximum 200 points.

1 applicant had learning disabilities; 8 had mobility problems; and 3 had progressive health conditions or chronic illness.

9 applicants were on the General Waiting List; and 2 on the Transfer List. There were no homeless applicants in this category.

1 had severe health issues and 6 stated their medical condition was affected by their current home.

3 required an extra bedroom for their health problem or disability.

3 need assistance living in their home.

8 were single persons; and 3 were two-person households,

In terms of minimum bedrooms required: 8 x 0 bed (studio/bedsit); and 3 x 2 beds.

| 1 st Area of Preference | Nos of Applicants for Amenity Housing for Elderly (Only) |
|------------------------------------|--|
| Cardross | 1 |
| Colonsay | 1 |
| Helensburgh | 2 |
| Dunoon | 2 |
| Port Bannatyne | 1 |
| Rothesay | 3 |
| Sandbank | 1 |

| Current housing circumstances | Nos of Applicants for Amenity Housing (only) |
|----------------------------------|--|
| RSL Rented | 2 |
| Owens own home | 4 |
| Private Renting | 1 |
| Rents from other Local Authority | 1 |
| Living with friends/relatives | 3 |

In terms of Age:

| Age Range | Nos of Applicants (Amenity Housing for elderly Only) |
|-----------|--|
| 60-70 | 6 |
| 71-80 | 3 |
| 81-85 | 2 |

2 applicants are resident outwith Argyll & Bute

In addition to the 11 applicants seeking Amenity Housing only, there are 223 applicants in total who selected this as one of multiple options; including General Needs/ Mainstream housing.

The following table summarises the geographic breakdown of all applicants interested in Amenity Housing.

| 1st Area of Preference | Applicants for Amenity Housing and Other Specialist or General Needs Housing |
|--|---|
| Ardishaig | 5 |
| Arrochar | 3 |
| Campbeltown | 6 |
| Cardross | 5 |
| Colonsay | 3 |
| Helensburgh | 39 |
| Dunoon | 21 |
| Garelochhead | 3 |
| Inveraray | 6 |
| Islay | 7 |
| Kilchattan Bay | 3 |
| Lochgilphead | 13 |
| Mull | 7 |
| Oban | 22 |
| Rhu | 3 |
| Port Bannatyne | 3 |
| Rothesay | 25 |
| Sandbank | 3 |
| Tarbert | 4 |

In addition, the following areas were requested by only 1 or 2 applicants:

| Nos Applicants | Area of 1st Preference: Amenity Housing plus Other Types |
|-----------------------|--|
| 1 | Appin; Benderloch; Clachan Seil; Colintraive; Coll; Gigha; Glenbarr; Iona; Kilmun; Muasdale; Tiree |
| 2 | Cairnbaan; Carradale; Connel; Dunbeg; Kilcreggan; Kilmelford; Luss; North Connel; Strachur |

Further Detail - Sheltered Housing for Waiting List – HOMEArgyll Waiting List

187 applicants (8% of total) selected “Yes” for Sheltered Housing, however of these **only 25** did not select any other options too, including general needs/mainstream housing. (In addition, of the 25 Sheltered only applicants, 5 had received 0 points via the allocation policy.) Only one of these applicants was awarded a maximum 200 points.

3 applicants had mental health issues; 7 had mobility problems; and 8 had progressive health conditions or chronic illness.

17 applicants were on the General Waiting List; and 8 on the Transfer List. There were no homeless applicants for this type of housing.

7 had severe health issues and 1 had urgent health issues; 13 stated their medical condition was affected by their current housing circumstances.

12 need assistance living in their home.

22 were single persons; and 3 were two-person households.

In terms of minimum bedrooms required: 22 x 0 bed (studio/bedsit); and 3 x 1 bed.

| 1 st Area of Preference | Nos of Applicants for Sheltered Housing for Elderly (Only) |
|------------------------------------|--|
| Dunoon | 8 |
| Oban | 7 |
| Rothesay | 3 |
| Inveraray | 2 |
| Ardrishaig | 1 |
| Benderloch | 1 |
| Helensburgh | 1 |
| Garelochhead | 1 |
| Dunbeg | 1 |

| Current housing circumstances | Nos of Applicants for Sheltered Housing (only) |
|----------------------------------|--|
| RSL Rented | 10 |
| Owens own home | 8 |
| Lodger/Sub tenant | 2 |
| Rents from other Local Authority | 3 |
| No fixed abode | 2 |

In terms of Age:

| Age Range | Nos of Applicants (Sheltered Housing for elderly Only) |
|-----------|--|
| 55-60 | 2 |
| 61-70 | 8 |
| 71-80 | 8 |
| 81+ | 7 |

5 applicants are resident outwith Argyll & Bute

In addition to the 25 applicants seeking Sheltered Housing only, there are a further 162 applicants who selected this as one of multiple options; including General Needs/ Mainstream housing.

The following table summarises the geographic breakdown of all applicants interested in Sheltered Housing.

| 1st Area of Preference | Applicants for Sheltered Housing and Other Specialist or General Needs Housing |
|--|---|
| Ardrishaig | 5 |
| Campbeltown | 18 |
| Helensburgh | 24 |
| Dunoon | 21 |
| Garelochhead | 4 |
| Inveraray | 6 |
| Islay | 8 |
| Lochgilphead | 7 |
| Mull | 13 |
| Oban | 31 |
| Rothesay | 13 |
| Strachur | 3 |
| Tarbert | 3 |
| Dunbeg | 3 |

In addition, the following areas were requested by only 1 or 2 applicants:

| Nos Applicants | Area of 1st Preference: Sheltered Housing plus Other Types |
|-----------------------|--|
| 1 | Appin; Coll; Gigha; Gigha; Glenbarr; Innellan; Iona; Kilcreggan; Kilmelford Kilmichael-Glassary; North Connel; Port Bannatyne; Rhu; |
| 2 | Benderloch; Cairnbaan; Cardross; Carradale; Colonsay; Luss;Tiree |

Appendix V Recent relevant reports and their recommendations

Actions from LHS Health Impact Assessment, November 2017

- New housing should be in locations that are close to amenities and services, and have good walking, cycling and public transport access.
- It is important to provide new affordable housing in the areas where there is established need, to prevent oversupply and the potential for voids.
- It is important that construction is well managed to mitigate short term adverse impacts. This should include consultation with local communities.
- Encourage use of Community Benefit Clauses and support for the local supply chain.
- It may be useful to explore use of a housing options approach for older people at an earlier stage to prevent future isolation.
- It would be useful to work with the bus providers and with Transport Scotland to improve public transport access in both new and existing developments.
- It would be useful to make links with the Carers Strategy.
- It would be useful to further develop the links with the Health and Social Care Partnership and/or Public Health in the planning for an increase in personnel at Faslane, for example health should be added to the 6 workstreams of the Faslane Strategy Group
- It would be useful to develop links between the Planning Department and the Public Health Department to carry out further health impact assessment on both housing related issues and wider planning.

Recommendations from “Dementia Pathways: Housing’s Role” Arneil Johnston, 2017

Local Authorities, housing providers and HSCP should:

- recognise and promote the role of the housing professional in delivering preventative solutions to people affected by dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;
- encourage and pursue the consideration of dementia as an issue within the ‘supporting independence’ aspect of the Local Housing Strategy;
- ensure that dementia awareness, training and skills development is prioritised across every aspect of housing services, for example through Scottish Social Services Council (SSSC) Promoting Excellence resources;
- promote the use of the housing options model to deliver positive outcomes for people affected by dementia, ensuring staff are fully trained and confident in its use;
- develop planning and design guidance that supports dementia-friendly adaptations in the wider housing environment and in new-build private sector housing (see HAPPI guidance and Dementia Services Development Centre publications);
- develop a process and protocol for sharing information about people affected by dementia across public services and the third and voluntary sectors involved in dementia care; and engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services.
- promote a major expansion of knowledge levels associated with assessing the suitability of the home environment of a person affected by dementia;
- improve awareness of dementia practice, particularly in relation to Alzheimer Scotland’s 5 and 8 Pillars Models of dementia care;

- develop and make widely available a statement which outlines the services and assistance provided to support people affected by dementia to live independently and well;
- integrate proven dementia-friendly design principles within asset management strategies and policies for delivering aids and adaptations;
- work towards attaining dementia-friendly status, acknowledging the benefits arising from preventative savings, greater partnership and collaboration, and better awareness and acceptance of dementia;
- seek a proactive and positive role within health and social care partnerships to promote the preventative benefits of early and ongoing housing design and support interventions for people affected by dementia;
- consider how the housing role within the dementia care framework can be developed beyond property and environmental issues to active engagement in supporting independent living; enabling effective admission, discharge and resettlement; and encouraging community participation;
- identify appropriate service delivery options which deliver housing interventions to people affected by dementia who are homeowners or private renters, including adaptations, repairs and support to maintain independent living;
- strengthen interactions and relationships between housing and the range of relevant health and non-statutory support services involved in dementia care;
- engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services.

“Improving Outcomes for People with Learning Disabilities: opportunities and challenges for housing”, SCLD/ Ipsos Mori, October 2017

Potential Opportunities include:

- Opportunities to extend and enhance the **housing options approach**
- **Thinking creatively about housing support provision/funding**, including ‘banking’ support hours to enable more social support and allocating funding to short-term support with the scope to enhance longer-term outcomes
- Using **Health and Social Care Partnerships** as vehicles to enhance joint working around housing for people with learning disabilities, and
- Scope to further **increase access to owner occupation** and to **enhance the sustainability of private renting**.

Other Recommendations:

- Review data collection, information sharing and evaluation to improve strategic planning and delivery (including access for housing & HSCP to data held by education)
- Ensure LHS: includes specific section on housing related needs of local people with learning disabilities; evidences consultation with LD persons; takes account of all housing sectors in how people’s needs are or could be met, including mainstream accommodation and the private rented sector as well as specialist accommodation and social renting;
- implement a more prescriptive approach to assessing need which includes looking at: those who will shortly be reaching adulthood and may need support to access independent living; those who may be living with parents when they do not want to; those who currently live in hospitals without critical need.

- Feature “Keys to Life” outcomes more strongly in Housing Contribution Statements. This would include: establishing clear local priorities and effective leadership around housing for people with LD; ensuring effective planning around transitions; homelessness among people with LD; families with elderly carers; and people with LD in healthcare settings; and ensuring funding, planning and allocation processes for housing and support improve the lives of people with LD.
- Develop joint protocols between local authority and RSLs around provision of housing and achieving positive outcomes for people with LD.
- Greater transparency in housing allocation decisions and ensure people with LD receive appropriate advice and support to make an informed choice on their housing options

“Home from Hospital”, Housing LIN/NHF, Sept. 2017

(Where delayed discharge/bed-blocking is occurring due to housing issues)

- Increase provision of “step down” units/temporary accommodation for people leaving hospital who cannot return to their own home immediately
- Housing staff seconded to discharge teams locally to enable timely and appropriate transfers out of hospital back to patients’ existing homes
- Provide a new home for people whose existing home or lack of housing mean that they have nowhere suitable to be discharged to; and
- Keeping people well at home who would otherwise be at risk of being admitted or readmitted to hospital (eg care packages)

“Foundations for well-being: reconnecting public health & housing...” ScotPHN Health & Housing Advisory Group, Jan 2017

Summary of key practice points for local teams from public health and housing:

Recommendation

1. Local public health teams should ensure they are aware of how to contact their counterparts in housing, and vice versa, using the channels described in this report.
2. Local public health teams should consider having a named lead for housing, to ensure that they are equipped with the knowledge and capacity to maximise the potential contribution of better homes and places to better population health.
3. Public health teams and housing colleagues should adopt an explicit focus on housing and health across the life course throughout their work in this area.
4. Public health teams and housing colleagues should seek to share intelligence relating to demographics, health and care needs, and housing trends in their local areas, in order to inform strategic planning, identify future trends, and understand gaps in the available data that need to be addressed.
5. Colleagues from public health and housing should be aware of populations or communities in their local area who may be particularly vulnerable to the health effects of poor housing, in order that their needs and views can be addressed as specific priorities in strategic planning and operational delivery.

6. Colleagues from both sectors should seek public health representation in key strategic forums and planning processes relevant to housing, in order to maximise the potential contribution of good housing to improving health and reducing inequalities. Public health teams should also consider the contribution good housing can make to local priority areas identified through Community Planning, and how this contribution can be embedded into Local Outcome Improvement Plans and locality plans.
7. Staff from both sectors should reflect on potential collaborative opportunities to undertake health improvement activity in housing settings.
8. Public health staff should work with housing colleagues to explore the potential for interventions in healthcare settings to identify and support those experiencing housing need.
9. Staff from both sectors should proactively seek opportunities to collaborate on ad-hoc projects and initiatives in areas of mutual priority, including research and evaluation.
10. Staff from both sectors should enhance the value of joint working through the application of existing tools and resources, using their outputs to inform planning and decision-making.
11. At a local level, public health teams should seek to develop an awareness of the private rented market in their area and to identify opportunities for engagement; for instance through local private rented sector forums and partnership working with colleagues in environmental health.

“Matching Up? A pilot study of effectiveness in letting adapted social housing”, University of Stirling. April 2017

- The effective allocation of homes to wheelchair users should be a strategic priority for social landlords, and for health and care services, to ensure more effective use of a scarce resource.
- Lettings of wheelchair accessible homes require a personalised service including detailed information on applicants’ circumstances and requirements, proactive effort to identify suitable applicants; more information on property design and layout; and more practical support through the application process.
- Landlords should investigate the extent to which wheelchair accessible properties are misallocated, identify the causes and develop a strategy for increasing the proportion of properties let to households with a wheelchair user.
- Allocations and choice based lettings systems should classify levels of accessibility, based on authoritative design guidance, re-checking properties when they become vacant and logging the level of accessibility for future reference.
- Landlords should consult with local disabled people’s groups in developing approaches to letting accessible homes, considering what changes they can make to improve their offers.
- Landlords should provide regular staff training, so that key staff understand the organisation’s policies and responsibilities and are confident about categories of accessibility, how properties are assessed and how the information is held and used.
- Local authorities and landlords should have a policy aim of letting every wheelchair accessible property to a household with a wheelchair user, unless there are good reasons why a particular property is not right for such households, embedding co-operation between

housing, health and social care services to ensure disabled people in need get on to housing registers and can put themselves forward or be nominated for a home.

Address barriers to effective lettings, such as:-

- Challenges of building in accessibility to existing properties and avoiding the removal of adaptations.
- Lack of capacity to record up to date property information related to accessibility.
- A short term focus on prompt lettings rather than recognising the importance of meeting housing needs over the long term.
- Broader financial and staffing pressures in landlord organisations.

Effective allocations involve:-

- good initial design;
- flexibility or reasonable adjustment in application of allocations policies;
- flexibility and creativity in developing technical or design responses to meet needs which otherwise would be difficult to meet;
- the importance of new supply of accessible homes offers the most scope for providing homes truly tailored to a household's needs.

Areas for improved practice:

- improved communication in the lettings process;
- enhanced staff training on inclusive design and meeting disabled applicants' needs;
- adjustments to practice to take a longer-term perspective on health conditions and impairments;
- taking more account of the experiences of disabled applicants during the waiting, offer and early tenancy phases;
- building more fully accessible properties to meet needs associated with health conditions and impairments over the long term;
- better recognition of the full range of impairments in lettings systems;
- a single named contact to assist with disabled people's housing applications;
- ensuring the needs of all household members are taken into account in the lettings process.

Appendix VI – Survey - Health and Social Care and Housing in your Local Area

Which area are you providing information about? (Please fill in a separate survey for other local areas in which you work if the information about that area is different.)

| | | | | | |
|------------|--------------------------|----------------------------|--------------------------|----------------------------------|--------------------------|
| Bute | <input type="checkbox"/> | Mull and Iona | <input type="checkbox"/> | Islay and Jura | <input type="checkbox"/> |
| Cowal | <input type="checkbox"/> | Colonsay | <input type="checkbox"/> | Helensburgh and Lomond | <input type="checkbox"/> |
| Mid Argyll | <input type="checkbox"/> | Oban, Lorn and Inner Isles | <input type="checkbox"/> | Tiree | <input type="checkbox"/> |
| Kintyre | <input type="checkbox"/> | Coll | <input type="checkbox"/> | Argyll and Bute (A&B) as a whole | <input type="checkbox"/> |

Please rate the following and provide a comment to explain your answer, if possible.

1. I feel well informed about the different housing services provided locally by Argyll and Bute Council, A&B Care and Repair and Housing Associations (RSLs) in my area.

| | | |
|---------------------------|--------------------------|--|
| Strongly Agree | <input type="checkbox"/> | Please comment. (What source(s) of information do you use about housing services?) |
| Agree | <input type="checkbox"/> | |
| Neither agree or Disagree | <input type="checkbox"/> | |
| Disagree | <input type="checkbox"/> | |
| Strongly Disagree | <input type="checkbox"/> | |

2. Health and Social Care staff and local housing colleagues work well together in my local area.

| | | |
|---------------------------|--------------------------|--|
| Strongly Agree | <input type="checkbox"/> | Please comment. (How does this happen? What formal or informal structures are in place? Do you have named contacts?) |
| Agree | <input type="checkbox"/> | |
| Neither agree or Disagree | <input type="checkbox"/> | |
| Disagree | <input type="checkbox"/> | |
| Strongly Disagree | <input type="checkbox"/> | |

3. I believe that people living in my local area know about different housing options available to them as their care needs change.

| | | |
|---------------------------|--------------------------|---|
| Strongly Agree | <input type="checkbox"/> | Please comment. (How do people get information on their local housing options? Do people know how to access or apply for specialist housing?) |
| Agree | <input type="checkbox"/> | |
| Neither agree or Disagree | <input type="checkbox"/> | |
| Disagree | <input type="checkbox"/> | |
| Strongly Disagree | <input type="checkbox"/> | |

4. There is adequate supply of appropriate housing for people in my area as their care needs change.

| | | |
|---------------------------|--------------------------|---|
| Strongly Agree | <input type="checkbox"/> | Please comment. (Are you aware of gaps in housing provision?) |
| Agree | <input type="checkbox"/> | |
| Neither agree or Disagree | <input type="checkbox"/> | |

| | |
|-------------------|--------------------------|
| Disagree | <input type="checkbox"/> |
| Strongly Disagree | <input type="checkbox"/> |

5. In my local area, there is effective planning to make *adaptations to houses*, as the health and social care needs of individual people changes.

| | |
|---------------------------|--------------------------|
| Strongly Agree | <input type="checkbox"/> |
| Agree | <input type="checkbox"/> |
| Neither agree or Disagree | <input type="checkbox"/> |
| Disagree | <input type="checkbox"/> |
| Strongly Disagree | <input type="checkbox"/> |

Please comment. (How does this happen?)

6. There is effective planning, in my local area, for people to move into *different housing*, as their care needs change.

| | |
|---------------------------|--------------------------|
| Strongly Agree | <input type="checkbox"/> |
| Agree | <input type="checkbox"/> |
| Neither agree or Disagree | <input type="checkbox"/> |
| Disagree | <input type="checkbox"/> |
| Strongly Disagree | <input type="checkbox"/> |

Please comment. (How does this happen?)

7. I am aware of people, in my area, who would benefit from newly built specialist housing provision that may become available, in the next 2 years.

| | |
|---------------------------|--------------------------|
| Strongly Agree | <input type="checkbox"/> |
| Agree | <input type="checkbox"/> |
| Neither agree or Disagree | <input type="checkbox"/> |
| Disagree | <input type="checkbox"/> |
| Strongly Disagree | <input type="checkbox"/> |

Please comment. (If you agree, can you give any indication of the extent of the potential need e.g. how many households, what broadly are their needs, and what type of housing would they require? Do you know if these people have engaged with housing services?)

Please provide any other comments around health and social care and housing.

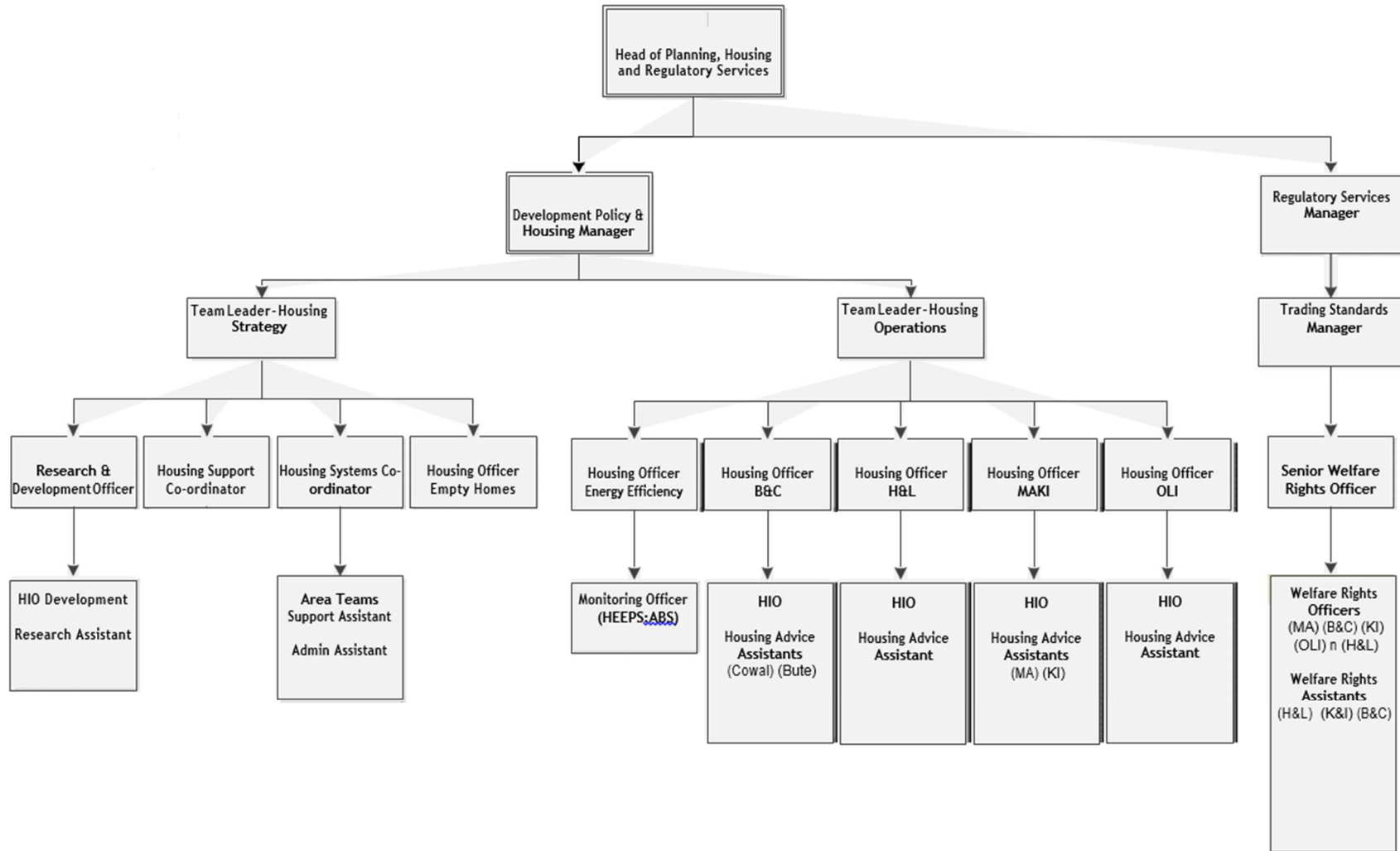
Please indicate your role:

| | | | |
|--------------------------|--------------------------|-------------------------------|--------------------------|
| OT | <input type="checkbox"/> | Care and Repair | <input type="checkbox"/> |
| Home Care lead | <input type="checkbox"/> | GP | <input type="checkbox"/> |
| Community team lead | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| RSL representative | <input type="checkbox"/> | Other - please specify below: | <input type="checkbox"/> |
| Council Housing Services | <input type="checkbox"/> | | |
| Local Area Manager | <input type="checkbox"/> | | |

Housing and Health and Care Needs – July 2018

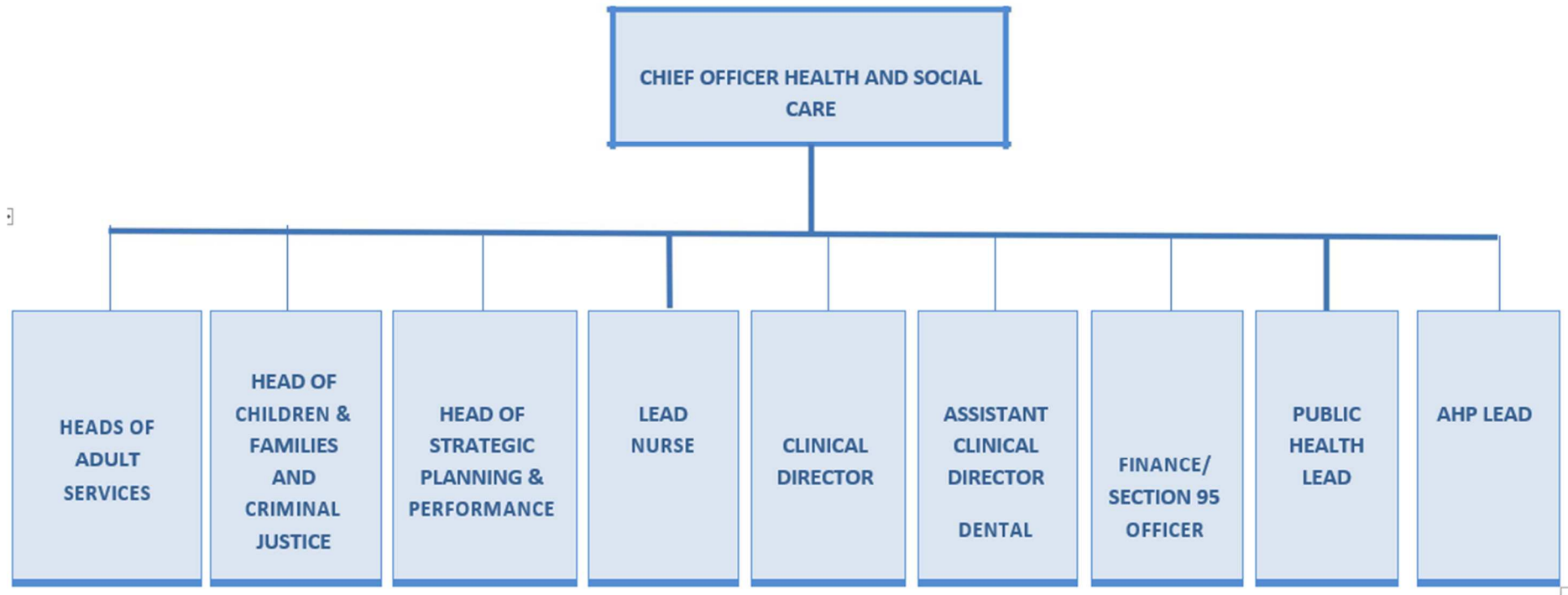
If you are willing to be contacted about your responses, please provide your name/contact details:

Appendix VII Council Housing Services Organisation Structure

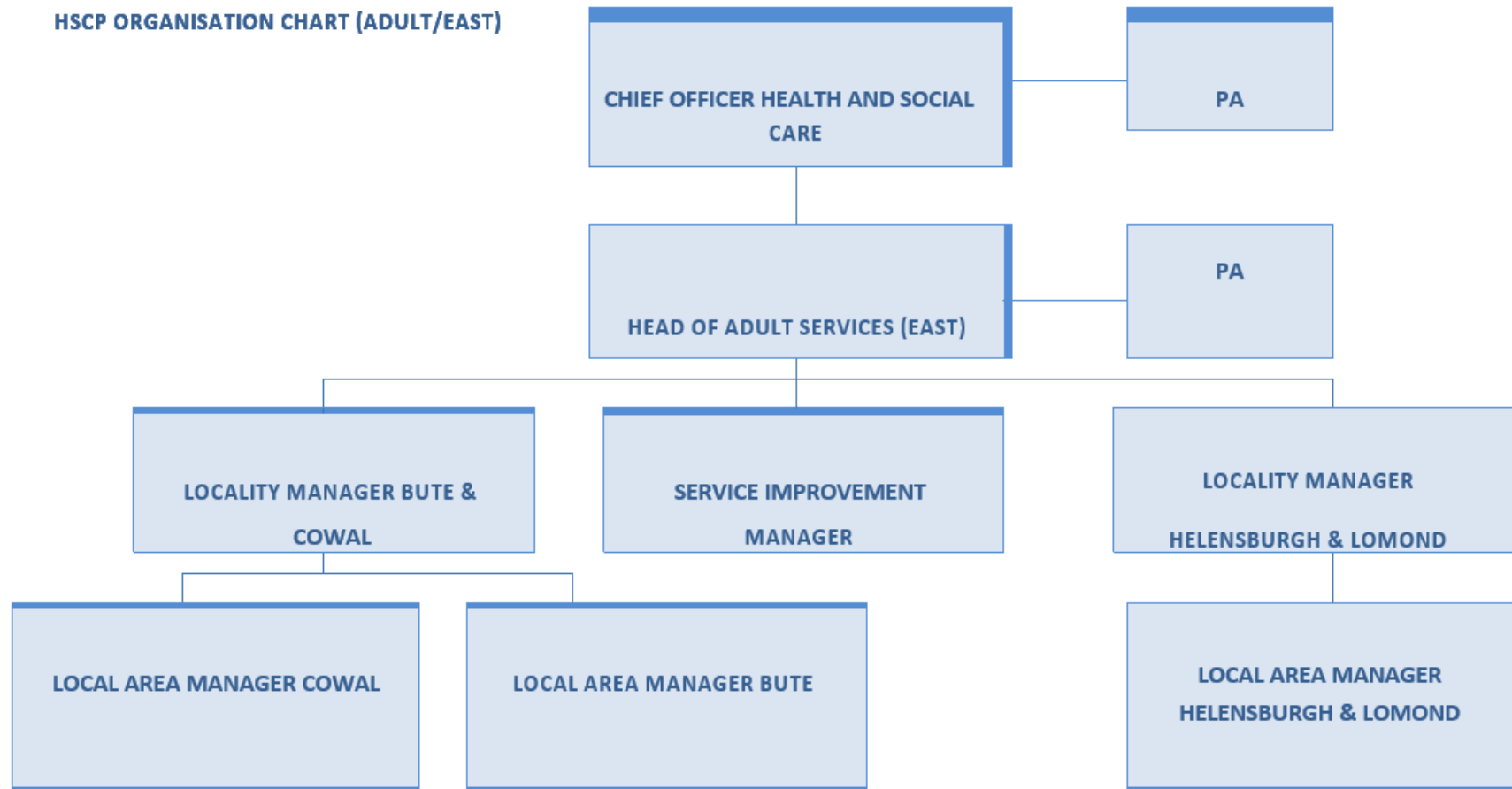


Appendix VIII HSCP Organisational Structure at December 2017

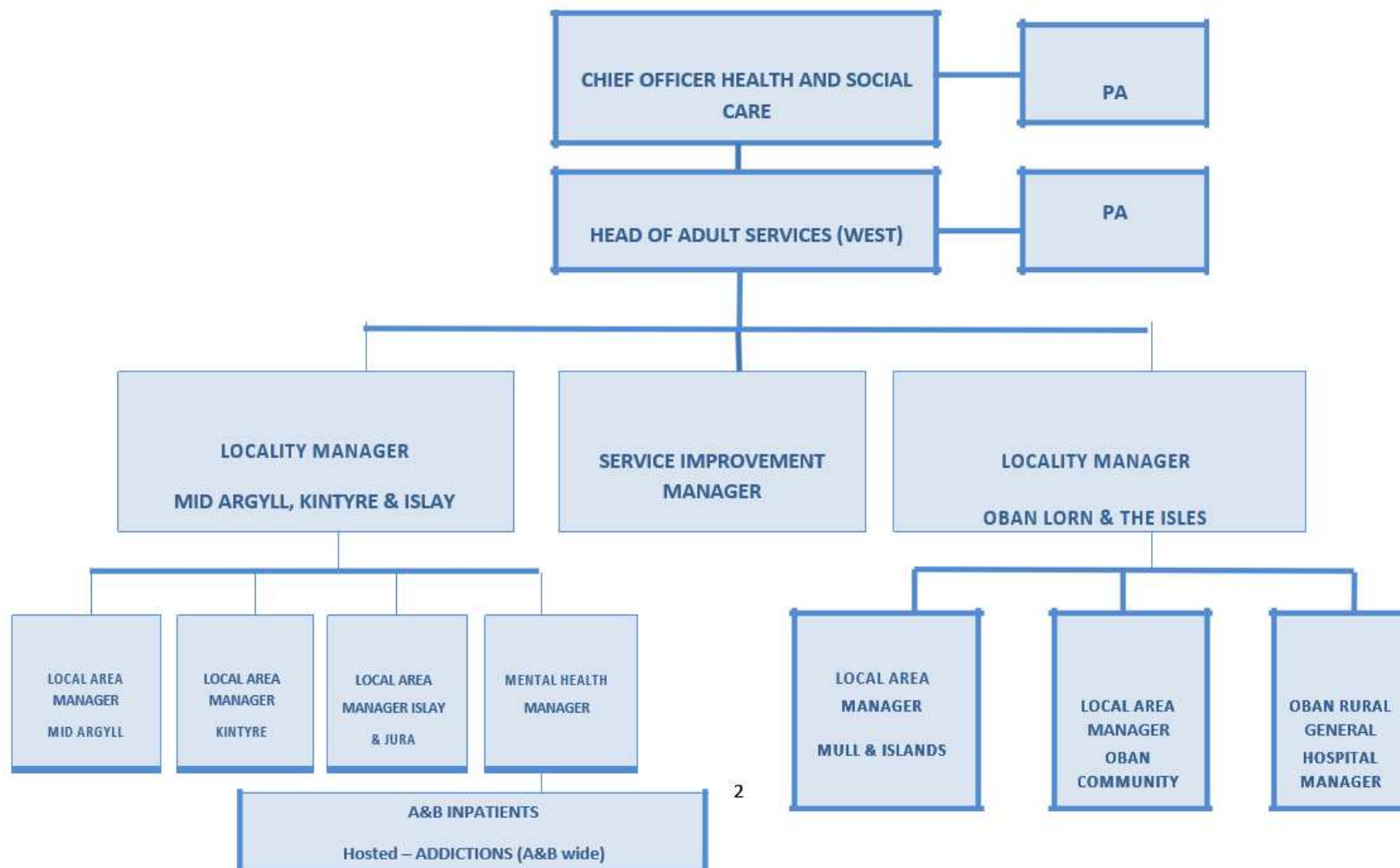
HSCP ORGANISATION CHART (SENIOR MANAGEMENT TEAM)

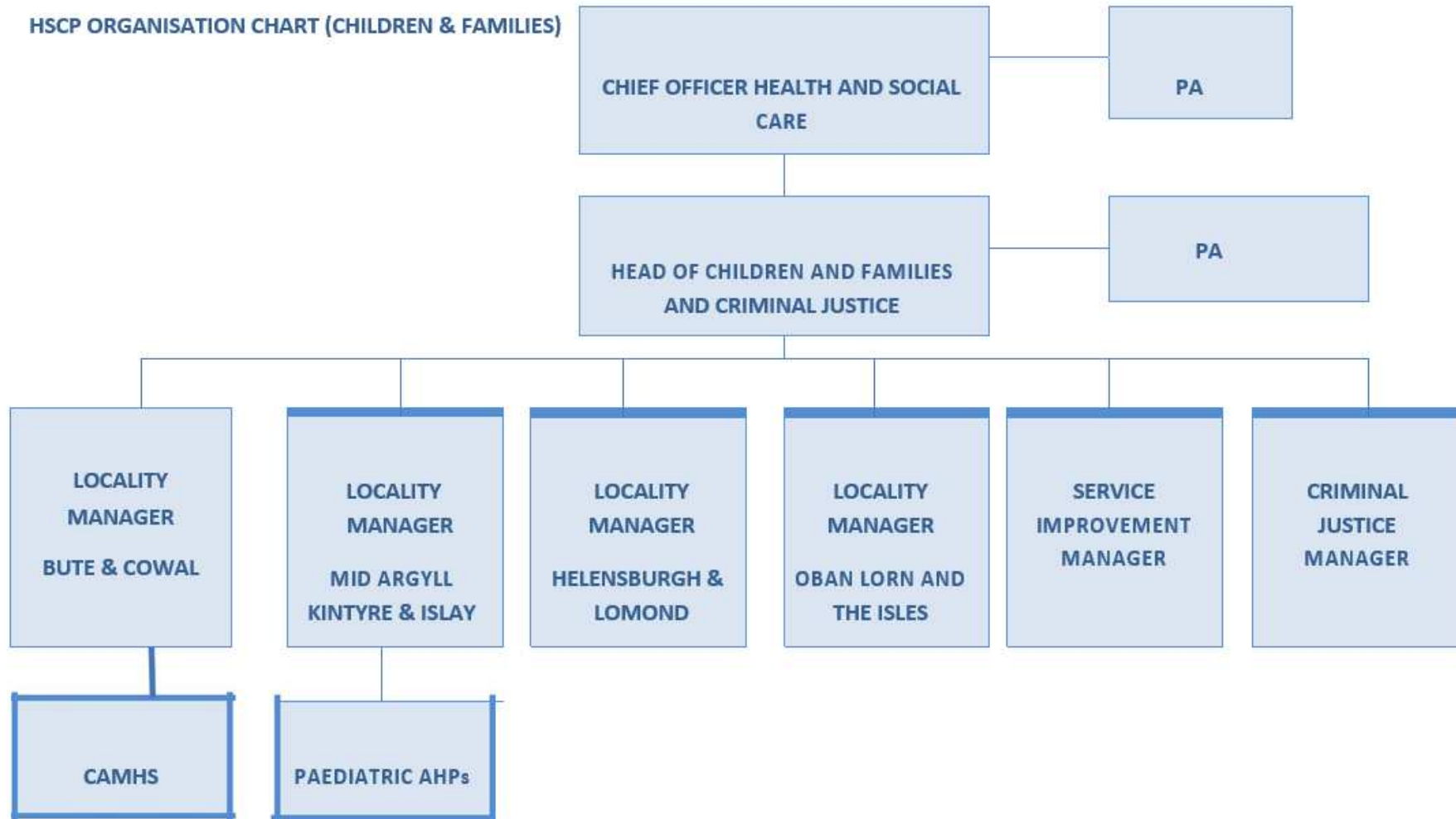


AHP = Allied Health Professionals. This includes Occupational Therapy and Physiotherapy.



HSCP ORGANISATION CHART (ADULT/WEST)





Appendix IX Strategic Housing Investment Plan 2018/19 – 2022/23

Details of sites with potential for some form of specialist provision. **Red** – projects notional/provisional only. Note that not all proposals/sites are certain to be developed within the 5 year planning period. Projects can move in or out of the programme subject to various factors.

| PROJECT | SUB-AREA | DEVELOPER |
|---|-----------------------|------------|
| Tiree | Coll & Tiree | ACHA |
| Cairndow | Cowal | FYNE HOMES |
| Strachur | Cowal | FYNE HOMES |
| Tighnabruaich/Portavadie (If second phase) | Cowal | FYNE HOMES |
| Cardross | Helensburgh & Lomond | ACHA |
| Garelochhead | Helensburgh & Lomond | ACHA |
| Golf Club Site, Helensburgh | Helensburgh & Lomond | Dunbritton |
| Helensburgh | Helensburgh & Lomond | Bield |
| Helensburgh (Sawmill site - mixed tenure) | Helensburgh & Lomond | LINK |
| Jutland Court, Helensburgh | Helensburgh & Lomond | ACHA |
| Luss | Helensburgh & Lomond | ACHA |
| Rhu | Helensburgh & Lomond | ACHA |
| Rosneath (subject to need) | Helensburgh & Lomond | LINK |
| St. Joseph's, Helensburgh | Helensburgh & Lomond | ACHA |
| Succoth (Phase 2-subject to need) | Helensburgh & Lomond | Dunbritton |
| Colonsay (Likely to be GN only) | Islay, Jura, colonsay | WHHA |
| Imereval, Port Ellen (Phase 2) | Islay, Jura, colonsay | WHHA |
| Keills/ Other site, Islay | Islay, Jura, Colonsay | ACHA |
| Port Charlotte | Islay, Jura, Colonsay | WHHA |
| Albany Street, Oban | Lorn | LINK |
| Connel (phase 4 - specialist unit) | Lorn | ACHA |
| Dunbeg (Phase 3a) | Lorn | LINK |
| Ganavan, Oban | Lorn | LINK |
| Glencruitten, Oban | Lorn | ACHA |
| Glenshellach, Oban (Phases 11 & 12) | Lorn | ACHA |
| Lonan Drive, Oban (unsuitable for level access) | Lorn | LINK |
| North Connel | Lorn | WHHA |
| North Connel (specialist unit) | Lorn | ACHA |
| Port Appin | Lorn | WHHA |
| Continued on following page | | |

| PROJECT | SUB-AREA | DEVELOPER |
|-------------------------------------|-----------------|-------------------|
| Ardfern/Craignish (subject to need) | Mid Argyll | FYNE HOMES |
| Inveraray (subject to need) | Mid Argyll | ACHA / FYNE HOMES |
| Lochgilphead (subject to need) | Mid Argyll | FYNE HOMES |
| Lochgoilhead (subject to need) | Mid Argyll | Dunbritton |
| Tarbert | Mid Argyll | ACHA |
| Salen/Aros, Mull | Mull & Iona | WHHA |
| Bunessan, Mull | Mull & Iona | WHHA |
| Dervaig, Mull (subject to need) | Mull & Iona | TBC |
| Tobermory | Mull & Iona | WHHA |

Appendix X Strategic Housing Investment Plan 2018/19 – 2022/23 Summary of the outputs from the Argyll and Bute Housing, health and care needs workshop

Held on Tuesday 14th March 2018

Council Chambers, Kilmory, Lochgilphead

In attendance:

Around 25 delegates attended the workshop, comprising Council and RSL housing staff; and Health & Social Care partners from a range of services (OTs, Locality Managers, Public Health etc). See list of attendees attached.

Workshop format:

- 1) **Presentation** - Sarah Griffin, Senior Information Analyst, Public Health, Argyll & Bute HSCP, provided a detailed presentation which summarised the evidence and recommendations of the draft report "Health and Care and Housing Needs Assessment" (2018). This set out
 - the strategic context and housing sector links with health and wellbeing;
 - Specialist Provision Needs – by 4 types of provision
 - Evidence of pressure on the housing system
 - Needs Summary – by Accessible & Adapted Housing; Wheelchair Accessible Housing; Supported Housing; and Services for Care at Home
 - Proposed joint Vision and Key Aims

 - 2) **Breakout groups** – delegates formed into 5 breakout groups to consider the report recommendations which had been collated from national literature, reports and research on the housing/health interface, as well as issues emerging from the local evidence base. The groups generated a range of lively discussion and general cross-sectoral networking; with delegates assessing the strategic relevance, and the practicalities of delivering the recommendations as set out under each of the 5 aims; and prioritising those recommendations which are likely to prove most valuable as the basis of a SMART Action Plan for collaborative partnership working across the Housing, Health & Care sectors over the next 3-5 years. This will inform updates of the HSCP's Strategic Plan, the Housing Contribution Statement, and the Local Housing Strategy.
-

Results of the workshop discussions are summarised below.

AIM 1: There is appropriate and sufficient housing available in each local area to meet the needs of people living there.

The aim itself is seen as a fundamental priority. There were 18 potential recommendations listed under this topic for consideration. Key areas of consideration included: planning in relation to health and care needs; and ensuring the SHIP programme incorporates a suitable and sufficient range of specialist provision in the main areas of need. The group considered the first 8 recommendations in particular detail and identified the following priorities:

- Develop planning and design guidance that supports dementia friendly adaptations in the wider housing environment and in new build private housing
- Continue to prioritise improvements to homes to minimise fuel poverty
- Consider links with the Carers Strategy within the next LHS
- Consider / review a range of models for care provision in local areas (combining specific recommendations for Bute and Mid Argyll), potentially utilising existing properties/facilities where appropriate, with a particular view to alleviating the need to make costly placements outwith the locality/authority.

Specific projects to be explored/progressed with Housing/RSL input and possible inclusion in the SHIP include: Ardfenaig, Aros, An Caladh in Lochgilphead; Caledonia Court in Ardrishaig; and Eadar Glinn in Oban.

Other priorities include: maintain a general target for at least 10% of new RSL provision to be designated as medium to high level specialist accommodation with a priority for wheelchair accessible (exemplar) housing where required.

On this basis, 2-3 SMART actions for AIM 1 will be included in the revised report.

AIM 2: People are aware of the availability of different housing options to enable them to make appropriate choices and are supported to do this if necessary due to learning disability or physical and mental health conditions.

The provision of an effective Housing Options service and the importance of readily accessible information and advice for people with a range of particular needs and conditions, was acknowledged to be a high priority. While individuals benefit from person-centred support and information, it was felt that a lot of the actions proposed under this aim could be combined under a generic approach and, for example, recommendations regarding dementia could be consolidated into a single, SMART action. Alternatively, if a targeted approach, for say the elderly, were pursued then Glasgow Council could provide a useful model with their Housing Options Older

People service which deals with bedblocking and ensures effective placement of older people in homes that meet their needs. This would also support and promote wider outcomes such as community cohesion/ creating community hubs. In some instances, pro active forward planning might be problematic to achieve, but it was agreed that there was a need to be proactive in respect of waiting list applicants; and in raising awareness and information sharing between professional service providers.

Of the 11 draft recommendations under this aim, the following were prioritised:

- Ensure (or improve) appropriate information & advice available in suitable accessible formats for particular client groups such as those with dementia, learning disabilities etc
- As far as possible, clients and carers are fully engaged in decision-making; and have a voice in housing-related processes such as allocations and adaptations (possibly best facilitated/led by OTs).
- Develop a joint communication strategy between Housing and the HSCP for specific client groups with particular needs

Improving access to the private sector is seen as a laudable objective but may prove challenging – particularly in respect of the private rented sector, where influence may be limited and engagement could be difficult given the diverse, unco-ordinated scope of this tenure. Options may be available to support and promote owner occupation as a positive choice for some households with particular needs, at both local and national level, but this is likely to require further exploration/development. Similarly, while most delegates appreciate the value of utilising existing adapted properties as effectively as possible, there remain practical factors which can often preclude the aim of not removing adaptations once the original occupant/tenant has moved on.

On the basis of above feedback, 2/3 SMART actions for AIM 2 will be agreed for inclusion in the revised report.

AIM 3: Health and Social Care, Housing Association and Argyll and Bute Council Housing officers are able to work effectively together to promote early housing options appraisal and early intervention and adaptations as required.

Discussions focused on effective partnership working at strategic and operational levels across sectors. Aspects of joint working on Housing Options and adaptations activity might sit more appropriately under Aims 2 and 4. Having the right structures in place and a formal framework for engagement throughout and across sectors was seen as vital, to avoid duplication of effort, confusion of approach, and to achieve efficiencies in service delivery and effectiveness in forward planning. It was felt that progress is now being made at the strategic level and while there has always been good, informal interaction at the local, operational level more needs to be done to ensure Locality Planning Groups in particular are effective fora for engagement. There was some concern that national recommendations regarding the role of

housing professionals in signposting clients to health services or conversely in the capacity to undertake health improvement activity in housing settings was likely to be limited and consequently not seen as a high level priority. Again there were mixed views on the potential for forward planning for early interventions in individual cases, given many were the result of unforeseen crisis points; nevertheless it should be possible to project a general level of need in order to estimate requirements sufficiently to facilitate a degree of forward planning. As with discussions around AIM 1, it was felt that a generic approach across health conditions and client groups would often be beneficial and practical; and similarly recommendations focusing on specific HSCP professionals/services could be broadened out to encompass the whole partnership.

Of 18 general recommendations, the following priorities were identified:

- Map existing channels of engagement and agree a formal structure with explicit pathways and contacts from strategic to operational level; with a particular focus on an effective use of the existing Locality Planning Groups to maximise Housing's contribution and minimise inefficiencies.
- Ensure local area managers, OTs and neighbourhood teams are familiar with the SHIP and opportunities for delivering specialist new build provision are maximised e.g. with quarterly updates to the LPGs following Strategic Local Programme meetings
- Raise awareness of the roles and functions of the various constituent services/organisations within each sector and ensure this is disseminated across and throughout organisations.
- Maximise use of OTs as key contacts/liaison with Housing Sector as appropriate
- Consider joint communication strategy, and utilise existing mechanisms/platforms, such as RSL newsletters for tenants, to promote health related issues and vice versa.
- Develop analysis of the evidence base in the report regarding dementia to inform longer term projections of need as far as possible.

On this basis, 2/3 SMART actions for AIM 3 will be developed for inclusion in the final report.

AIM 4: Waiting lists for, and allocation of, RSL properties (and in particular specialist provision) are managed as efficiently and effectively as possible to maximise availability of existing properties

There were mixed views on the current efficacy of the allocation/waiting list processes: though the CHR system appears to be practical and positive for individual cases, it is not as effective in terms of providing robust & credible data for strategic planning, for instance. However, it was agreed that reviewing the common allocation policy in respect of health and care issues is particularly timely given the national and local reviews of lettings policy and guidance underway.

RSL officers suggested establishing links with local disability groups to ensure that they are promoting the HOMEArgyll CHR to their client base, which would increase awareness of households with individual persons with disabilities requiring re-

housing. It was also noted that, in terms of the current allocation process, RSLs carry out verification calls/visits to ensure they are meeting the needs of the applicant and that the property match is appropriate. This should pick up any issues where applicants have failed to identify a need or wrongly identified their housing need. However, this may still present issues for strategic planning and needs analysis in terms of validating waiting list derived statistics if specialist needs are not verified until the point of actual allocation/rehousing.

Proposals that wheelchair accessible housing should only be let to households with wheelchair users unless there are good reasons why a particular property is not right for such households was supported albeit there was a view that this already happened in practice, with properties only being let to mainstream applicants if there is no demand for the adapted/wheelchair accessible property. Nevertheless, it was also suggested that a briefing should be provided to HSCP staff to ensure that the allocations process is clear and widely understood by partners.

It was noted that any significant changes to the allocations of specialist provision could have implications for current policies and procedures, for example, requiring wheelchair properties to be removed from the main letting pool – which could be considered but could introduce unintended consequences.

RSL officers were also dubious about the practicalities of establishing a single named contact to assist with disabled people's housing application – given the current online completion of forms and the way this is spread across partners for administration.

The view was that multiple staff, including customer service centres, should be able to provide up to date and relevant information, advice and support to applicants.

In terms of national proposals for a tenure-blind approach to housing adaptations, while the principle was generally acknowledged there was some concern about delivering this in practice. At the moment the main resource gap appears to be in the RSL sector and consequently moving funding across tenures could impact on the private sector and have implications for organisations such as Care & Repair who currently deliver effective services. It was also noted that current ARC returns already measure certain adaptation targets/performance in the RSL sector, such as timescales from receipt of OT referral to completion of adaptation. RSLs may be failing these targets currently due to lack of funding.

On the basis of these discussion points, 2/3 SMART actions for AIM 4 will be established for inclusion in the finalised report.

AIM 5: Planning for services is based on robust data and information

This is seen as a key process underpinning the requirements of the Housing Contribution Statement i.e. aligning the HNDA & Joint Strategic Needs Assessment processes to identify shared outcomes and priorities and develop SMART monitoring & evaluation frameworks for strategic planning across the partnership/sectors. Regarding the 8 recommendations under this aim, the following comments were made:

Delegates agreed in general that in respect of the ongoing planning for an increase in personnel at the Faslane base, Health & Care should be fully engaged and ideally this should be added as a workstream to the SDDF process.

It was also felt that effective records of property accessibility/adaptation should be maintained/enhanced, and RSL officers in other groups suggested this was already in place.

In terms of reviewing data collection and data sharing, it was felt that the current recommendation was too broad and undefined and a SMARTer action was required possibly in relation to specific cross-sector data sharing e.g. with education. Subsequently, it was noted that a data sharing protocol is already in place between the council and HSCP regarding homeless data; and there is also a national pilot exploring these issues too. The potential impact/requirements of the new GDPR may also need to be considered.

It was felt that while there may have been historical cases of inappropriate allocations of specialist accommodations (e.g. cases were cited in Mid Argyll and in Helensburgh), this should be less likely to happen now and therefore would not warrant dedicated research or resources for further investigation/ data work as long as current good practice with pre-allocation checks and OT involvement at early stages of assessment is maintained.

A key priority, which is relevant, realistic, specific, resourced and measurable, was the recommendation to improve the comprehensiveness and consistency of OT caseload data across areas, to include a breakdown by type of service provision, household type, and long-term conditions. It was agreed that the move to the Care First management system will address this issue.

As a priority it was agreed that a specific action should be developed regarding a more prescriptive approach (including data sharing across partners at an early stage) to the needs of those reaching adulthood and requiring support to access independent living; as well as those no longer wishing to live with parents/family (although it was felt that there were no instances of people residing in hospital without critical need who would require such consideration).

There was also ongoing commitment to maintain links between relevant housing & HSCP information officers for the purpose of carrying out and updating needs assessment work in a planned and co-ordinated manner. This might be measured in terms of key outputs/specific elements of research or analysis informing an HNDA approved as robust & credible by the CHMA in due course.

The primary action arising from group discussion, and to be added to the draft recommendations, related to more detailed consideration of mental health needs as opposed to the more visible needs of those with physical disabilities, such as wheelchair accessible properties. The preference in this context is likely to be designated cluster of units reserved for this client group which can facilitate the provision of combined support. A specific potential need was identified within the Dunbeg development, for instance, for this type of supported accommodation.

Based on the above feedback, 2/3 SMART actions will be developed for inclusion in the revised report.

CONCLUSION

The workshop provided a valuable opportunity for positive inter-agency engagement and a dedicated forum for detailed exploration of strategic needs assessment. Practical outputs included the identification of shared vision, priorities and strategic outcomes; and a strong steer towards the development of a SMART action plan for inclusion in the final report. Other recommendations and issues were also identified for retention/inclusion in the final report, which will now form the basis of future iterations of the SCP, LHS and HCS. The latter is due to be reviewed in 2018/19, and progress with the original actions and priorities is summarised below:-

| HCS Priorities 2016/17 – 2018/19 | Progress as of April 2018 |
|---|--|
| Using evidenced based need and demand to identify specialist housing requirements early in the development of the SHIP and SLP. | Production of the shared evidence base / Housing and Health & Care Needs Assessment report in 2018; and the H&L Housing Market Study 2018. |
| Early engagement with health and social care partners (e.g. OTs, learning disabled team) in the planning processes for the SHIP, and to help inform practical design issues etc | HSCP representation on the SHIP Officers' group from 2017; good practice example of OT/client family involvement in design of specialist unit at Spence Court, Dunoon in 2017/18. |
| A more co-ordinated approach across housing, health and social care to address homelessness. | A local data-sharing protocol agreed between Council & HSCP, and a national pilot is underway; further work required to formalise joint processes & procedures |
| Ensuring housing improvements and home energy efficiency programmes are targeted at the most vulnerable and fuel poor households. | HEEPSABS, Affordable Warmth and a range of individual, community-based projects continue to deliver improvements for most vulnerable households. In addition to mandatory adaptations work in the private sector, PSHG continues to fund discretionary repairs & improvement activity. |
| Ensuring access to social rented housing and allocation policies do not present unforeseen barriers or impediments to those with particular needs. | A review of the HOMEArgyll common allocation policy commissioned 2018, to coincide with revised national guidance. HSCP to be consulted on this; and it is recommended a HIA be carried out. |
| Increasing the supply of suitable affordable housing across an appropriate range of models and types and tenure, as appropriate, to meet local need and reverse population decline. | RSLs have reviewed or are reviewing specialist stock and exploring a range of specialist provision models. A proportion of new build projects are being considered for alternative, intermediate tenures where viable. However, more SP completions now required to meet targets |

| | |
|---|--|
| Ensuring housing services help to tackle and eradicate health inequalities and address disadvantaged individuals and communities. | Housing Support, Welfare Rights, Care & Repair, and other specific services and projects continue to deliver positive outputs on the ground. |
| Benefitting general health and financial well-being by providing warm, energy-efficient homes. | As above. |

Annex 1: List of Delegates

| | | |
|---------------------|--|--------------------------------------|
| Yvonne Angus | Regional Manager | ACHA |
| Caroline Baisley | Occupational Therapy Professional Lead, Argyll and Bute ECCT and OT Lead Cowal | HSCP |
| Allan Brandie | Research and Development Officer | Argyll & Bute Council |
| Audrey Callander | Housing Support Co-ordinator | Argyll & Bute Council |
| Karen Cox | Housing Improvement Officer | Argyll & Bute Council |
| Linda Currie | Lead Allied Health Professional | HSCP |
| Robin Currie | Policy Lead Communities, Housing, Islands & Gaelic | Argyll & Bute Council |
| John Dreghorn | | HSCP |
| Lorraine Fitzsimons | Area Manager | Trust Housing Assoc. |
| Sarah Griffin | Senior Information Analyst, Public Health | HSCP |
| Bill Halliday | Housing Operations Lead | Argyll & Bute Council |
| Julie Henderson | Occupational Therapist | HSCP |
| Ailsa Kelly | Area Housing Officer | Argyll & Bute Council |
| William Langdon | Housing Development Officer | Argyll & Bute Council |
| Alison McGrory | Health Improvement Principal | HSCP |
| David McInnes | Owner Services Manager | Bield |
| Peter Minshall | Chief Executive | Scottish Garden City Housing Society |
| Jo Mitchell | Occupational Therapist | HSCP |

| | | |
|-----------------|--|-----------------------|
| Allan Murphy | Chief Executive Officer | Dunbritton HA |
| Finola Owen | Occupational Therapist | HSCP |
| Colin Renfrew | Chief Executive | Fyne Homes |
| Anne Stewart | Occupational Therapist | HSCP |
| Irene Stuart | Area Housing Officer | Argyll & Bute Council |
| Stephen Whiston | Head of Strategic Planning and Performance | HSCP |
| Douglas Whyte | Strategic Housing Lead | Argyll & Bute Council |

Additional feedback was provided post workshop, from Tricia McShane, Operations Manager, Dunbritton Housing Association.

Annex 2: Original list of draft recommendations

1. There is appropriate and sufficient housing available in each local area to meet the needs of people living there.

- 1.1 Access to community facilities, services and access to physical activity e.g. walking, should be considered in planning new housing.
- 1.2 Develop planning and design guidance that supports dementia-friendly adaptations in the wider housing environment and in new-build private sector housing (see HAPPI guidance and Dementia Services Development Centre publications).
- 1.3 Housing should work with the bus providers and with Transport Scotland to improve public transport access in both new and existing developments.
- 1.4 Continue to prioritise improvements to homes to minimise fuel poverty.
- 1.5 Consider links with the Carers Strategy within the next Local Housing Strategy.
- 1.6 All stakeholders note the results of the ongoing research, when available, into the housing market in Helensburgh and Lomond and the likely demographics changes that may be associated with increased personal at Faslane.
- 1.7 The model for nursing care provision on Bute is reviewed, taking into consideration utilising existing properties, to alleviate the need to make care home placements outside the locality.
- 1.8 A new model for nursing care provision in Mid Argyll is considered, potentially utilising the existing buildings e.g. Ardfenaig, Aros and An Caladh in Lochgilphead and Caledonia Court in Ardrishaig.
- 1.9 Re-provision of Eadar Glinn is considered.
- 1.10 Investigate of provision of specialist facilities for younger people in one place in Argyll and Bute (Helensburgh and Lomond?), probably with specialist RSLs.

- 1.11 New and innovative solutions are considered to provide supported housing in areas where there is evidence for need for supported housing e.g. Bute, Mid Argyll and in Helensburgh and Lomond, with a focus on provision that is flexible and can accommodate changing care needs.
- 1.12 Develop housing provision for people with mental illness who need support to live independently in their own localities and that enables people to step down from hospital care to living independently. This could be supported residential provision within localities (which would have the benefit that people are support within their own communities) or something central in Lochgilphead.
- 1.13 Adaptations to existing properties are prioritised across the housing, health and social care sector, and consequently receive commensurate resourcing from all relevant partners.
- 1.14 A petition is made to Scottish Government to increase resources available for adaptations in Argyll and Bute, given the existing housing stock and declining population overall.
- 1.15 Provision of fully wheelchair accessible housing is prioritised within the specialist provision included in new RSL developments.
- 1.16 Maintain target of at least 10% of new RSL provision are specialist provision
- 1.17 Build more fully accessible properties, in all sectors, to meet needs associated with health conditions and impairments over the long term.
- 1.18 Consider the role of advocacy services in housing options for people with long term conditions.

2. People are aware of the availability of different housing options to enable them to make appropriate choices, and are supported to do this if necessary due to learning disability or physical and mental health conditions.

- 2.1 Improve the provision of information and advice on available housing options for the elderly.
- 2.2 Preventative strategies are in place to identify and support people who are at risk in their home environment with holistic, person-centred home quality and safety checks and subsequent delivery of repairs, improvements and adaptations.
- 2.3 The housing options approach is used at an earlier stage to mitigate against the times it times for adaptations or moving, to improve outcomes for people with dementia and to help prevent isolation.
- 2.4 Promote the use of the housing options model to deliver positive outcomes for people affected by dementia, ensuring staff are fully trained and confident in its use
- 2.5 Ensure that people with Learning Difficulties receive appropriate advice and support to make an informed choice on their housing options.
- 2.6 Clients and carers should be fully engaged in decision-making; and have a voice in the adaptations process.
- 2.7 Agree a communications strategy between Housing and the HSCP for target client groups including a wide range of platforms/channels including online and more traditional media.

- 2.8 develop and make widely available a statement which outlines the services and assistance provided to support people affected by dementia to live independently and well.
- 2.9 Further increase access to owner occupation for people with Learning disability and to enhance the sustainability of private renting.
- 2.10 Promote the preventative benefits of early and ongoing housing design and support interventions for people affected by dementia.
- 2.11 People are encouraged not to remove adaptation to existing properties.

3. [Health and Social Care, Housing Association and Argyll and Bute Council Housing officers are able to work effectively together to promote early housing options appraisal and early intervention and adaptations as required.](#)

- 7.1 Map existing structures/cross sectoral engagement, and agree a formal hierarchical structure for strategic & operational engagement with clear pathways & contacts, to avoid unnecessary duplication of effort and to ensure the appropriate individuals are liaising on particular issues.
- 7.2 Recognise and promote the role of the housing professional in delivering preventative solutions to people affected by dementia which encourage early action, improve housing suitability, support effective admission, discharge and resettlement and enable independent living.
- 7.3 ensure that dementia awareness, training and skills development is prioritised across every aspect of housing services, for example through Scottish Social Services Council (SSSC) Promoting Excellence resources.
- 7.4 Continue engagement of housing representatives on groups looking at transition of children with needs.
- 7.5 Promote a major expansion of knowledge levels associated with assessing the suitability of the home environment of a person affected by dementia.
- 7.6 improve awareness of dementia practice, particularly in relation to Alzheimer Scotland's 5 and 8 Pillars Models of dementia care.
- 7.7 Develop a process and protocol for sharing information about people affected by dementia across public services and the third and voluntary sectors involved in dementia care; and engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services.
- 7.8 Strengthen interactions and relationships between housing and the range of relevant health and non-statutory support services involved in care.
- 7.9 Engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services. Using Health and Social Care Partnerships as vehicles to enhance joint working around housing for people with learning disabilities .
- 7.10 Local area managers, OTs and neighbourhood teams need to be familiar with the SHIP to understand opportunities for specialist new housing in their area.

- 7.11 Local public health teams should consider having a named lead for housing, to ensure that they are equipped with the knowledge and capacity to maximise the potential contribution of better homes and places to better population health.
- 7.12 Public health representation in key strategic forums and planning processes relevant to housing, in order to maximise the potential contribution of good housing to improving health and reducing inequalities.
- 7.13 Public health teams should also consider the contribution good housing can make to local priority areas identified through Community Planning, and how this contribution can be embedded into Local Outcome Improvement Plans and locality plans.
- 7.14 Reflect on potential collaborative opportunities to undertake health improvement activity in housing settings.
- 7.15 Public health staff should work with housing colleagues to explore the potential for interventions in healthcare settings to identify and support those experiencing housing need.
- 7.16 Developing closer working of the HSCP with RSLs and Housing in the Council at a local level to make best use of existing resources and plans for new housing and to plan for the future in that local area.
- 7.17 Provision of early information by health and social care provider, to people, on their housing options. This is also a priority for RSLs because they will need to provide information to support the HSCP to do this.
- 7.18 Working with the HSCP to provide early adaptations for people diagnosed with dementia.

8. **Waiting lists for and allocation of RSL properties (and in particular specialist provision) are managed as efficiently and effectively as possible to maximise availability of existing properties.**

- 8.1 There is transparency in housing allocation decisions.
- 8.2 Changes are made to the HOMEArgyll waiting list so that people pick options based on aged separately from housing need i.e.
- 8.3 Family with children/adult household/older people (pick one)
- 8.4 Supported/adapted/wheelchair accessible (pick one)
- 8.5 Terminology for types of specialist provision should be agreed and fall in line with Scottish Government terminology. Where other terms are used by housing associations, it should be clear to all which type of housing this is under the agreed terminology.
- 8.6 Landlords should consult with local disabled people's groups in developing approaches to letting accessible homes, considering what changes they can make to improve their offers.
- 8.7 The effective allocation of homes to wheelchair users should be a strategic priority for social landlords, and for health and care services, to ensure more effective use of a scarce resource.
- 8.8 Every wheelchair accessible property is let to a household with a wheelchair user, unless there are good reasons why a particular property is not right for such households,

embedding co-operation between housing, health and social care services to ensure disabled people in need get on to housing registers and can put themselves forward or be nominated for a home.

- 8.9 Lettings of wheelchair accessible homes receive a personalised service including detailed information on applicants' circumstances and requirements, proactive effort to identify suitable applicants; more information on property design and layout; and more practical support through the application process.
- 8.10 The council and social landlords should consider and explore more sophisticated and planned matching of tenants with properties, and as far as possible, minimise unnecessary wastage in the costly removal of modifications/adaptations to existing properties following tenancy changes. In part, this could involve the development of a disabled property register within the Abris housing management system, taking guidance from the GCIL model.
- 8.11 Landlords should provide regular staff training, so that key staff understand the organisation's policies and responsibilities and are confident about categories of accessibility, how properties are assessed and how the information is held and used.
- 8.12 Enhanced staff training on inclusive design and meeting disabled applicants' needs.
- 8.13 Adjustments to practice to take a longer-term perspective on health conditions and impairments.
- 8.14 Take more account of the experiences of disabled applicants during the waiting, offer and early tenancy phases.
- 8.15 Better recognition of the full range of impairments in housing allocation policy.
- 8.16 A single named contact to assist with disabled people's housing application.
- 8.17 Ensure the needs of all household members and their long term needs are taken into account in the lettings process.
- 8.18 The feasibility of a tenure-blind, single funding pot approach to adaptations services should be explored, taking account of the outcomes and lessons from the Adapting for Change pilots and evaluation report published in 2017.
- 8.19 A cross-sectoral agreement on the setting of targets and timescales for the installation of adaptations should be adopted and embodied in the LHS and the HSCP's Joint Strategic Plan, ensuring local and authority-wide HNDA processes are aligned with Health's Joint Strategic needs assessment.

9. Planning for services is based on robust data and information

- 9.1 Develop the links with the Health and Social Care Partnership and/or Public Health in the planning for an increase in personnel at Faslane, for example health should be added to the 6 workstreams of the Faslane Strategy Group.
- 9.2 Records of accessibility and adaptations to properties are maintained.
- 9.3 Review data collection, information sharing and evaluation to improve strategic planning and delivery (including access for housing & HSCP to data held by education)

- 9.4 Investigate the extent to which wheelchair accessible properties are misallocated, identify the causes and develop a strategy for increasing the proportion of properties let to households with a wheelchair user.
- 9.5 Improve completeness of OT caseload data to include a breakdown by type of service provided, household types, and long term conditions.
- 9.6 implement a more prescriptive approach to assessing need which includes looking at: those who will shortly be reaching adulthood and may need support to access independent living; those who may be living with parents when they do not want to; those who currently live in hospitals without critical need.
- 9.7 Maintain links between housing and HSCP information staff for the purposes of informing and carrying out needs assessment work.